

WHY PARENTS SEEK PRIVATE PSYCHOEDUCATIONAL EVALUATIONS AT
PERSONAL EXPENSE

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Abstract

This was an exploratory study that sought to answer why parents seek private psychoeducational evaluations for their children. Parents from a national sample ($N = 139$) answered survey and narrative response items including demographic information, parent characteristics, child characteristics, as well as items related to satisfaction, trust, and conflict with their child's school. Results indicated that parents seek private psychoeducational evaluation due to belief that private psychoeducational evaluations are of better quality, school evaluations are biased, and school refusal to complete evaluations. The majority of parents had low levels of satisfaction and trust with both the special education process and school personnel. In addition, this study began to evaluate the impact of private psychoeducational evaluation on the parent-school relationship and found that parent responses indicated that schools were often resistant to both reviewing the private psychoeducational evaluation as well as resistant to the results of private psychoeducational evaluations.

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Chapter I

Introduction

This was an exploratory study that sought to understand the reasons that parents seek and pay for private psychoeducational evaluations for their school-age children. A psychoeducational evaluation was defined as an evaluation that investigates a child's psychological and educational functioning which can be used to determine eligibility for specialized education services. A psychoeducational evaluation may include cognitive assessment, including verbal and non-verbal reasoning abilities, memory, and processing abilities; academic assessment, including reading, writing, math, and progress monitoring data; social and emotional functioning; adaptive skills; relevant data from the child's educational history; student interview; teacher interview; parent input; classroom observations; and other pertinent information (<http://ldnavigator.ncld.org>).

Psychoeducational evaluations are used as part of the identification process for special education services as part of the Individuals with Disabilities Education Improvement Act (IDEA, 2005). IDEA outlines the legal requirements involved in special education. Special education provides for the unique educational rights, processes, and services involved with educating a child with a disability. IDEA is an extensive, federally-directed mandate of how the special education process should function from beginning to end. Special education begins with the determination of a disability. IDEA outlines the comprehensive evaluation process that should be utilized in determining if a child's needs are appropriate for special education services. There are very clear guidelines through IDEA and special education practices within the school system that focus solely on evaluation. School-based evaluations are to be completed by

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the school system and are of no cost to the parent. And yet, in practice, a surprising event occurs whereby some parents elect to pay out-of-pocket for private psychoeducational evaluations to be used in the special education determination process.

For the purposes of this study, three different types of evaluations are referenced. A *school-based psychoeducational evaluation* is defined as an evaluation completed by the school district as part of the special education process and is of no cost to the parent. An *independent psychoeducational evaluation* is defined as an evaluation completed by an outside professional and paid for by the school district. A *private psychoeducational evaluation* is defined as an evaluation including at least a cognitive assessment completed by a professional or agency other than the public school district and paid for by the parent. The first two types of evaluation are consistent with IDEA definitions, while the third type of evaluation was defined by the researcher specifically for the purposes of this study.

Previous Research Findings

Previous research has extensively studied the special education process, parent involvement, and impacts of family-school collaboration. IDEA has strict guidelines outlining the special education process and what constitutes a comprehensive psychoeducational evaluation completed by the school system (IDEA, 2005). Research has demonstrated that positive parent involvement in education can lead to favorable academic and relationship outcomes, as well as demonstrated that negative interactions can be detrimental to academic success (Appelquist, 2009; Leiter & Wyngaarden-Krauss, 2004; Spann, Kohler, & Soenksen, 2003). Research has further demonstrated that positive family-school relationships include trust, open communication, and active

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listening, and have found that when these are not present there is a higher likelihood of conflict and disagreement between school personnel and families (Epstein, 1995; Karp, 1993; Lake & Billingsley, 2000; Swick, 2004). Some child advocates and parent support groups have urged parents to seek private psychoeducational evaluation rather than allowing school evaluation (Phillips, 2007; www.wrightslaw.com). Yet, no research has specifically examined why parents seek private psychoeducational evaluations at personal cost, nor considered that this practice may be related to levels of trust, satisfaction, or conflict within the family-school relationship.

Garretson (1980) analyzed parent's perceptions of the special education process in cases where parents had sought and not sought independent psychoeducational evaluations for their learning disabled children. The author found that parents who had sought an independent evaluation reported rejection of parent concern by the school, questions concerning accuracy of learning disability evaluation, disagreement with the school over diagnosis, distrust of school decisions, and dissatisfaction with the child's treatment plan as factors that led them to seek independent evaluations. Parents stated they had not sought an independent evaluation for two major reasons: they were satisfied with the school evaluation, and they were satisfied with the treatment plan.

The current study intended to build off Garretson's work to further examine parents who have sought and paid for private psychoeducational evaluations despite the school district having responsibility to evaluate the child for special education consideration.

Personal Experiences of the Researcher

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Based on personal experience as a school psychologist in a rural county district in the mid-Atlantic region, I observed that a parent would provide a private psychoeducational evaluation to a school for review at least once every few months. This frequency averaged across all schools in a county would result in approximately 100 private psychoeducational evaluations completed in just one county in that school year. Each private psychoeducational evaluation costs between \$800-1200; some insurance will cover the cost, but most do not and therefore the parent pays out-of-pocket for these private psychoeducational evaluations (www.funtherapysolutions.com/psychology).

The use of private psychoeducational evaluations could be observed in several ways. Sometimes the school would request a meeting to discuss the need for special education services and evaluation, and the parents would refuse school-based psychoeducational evaluations, stating they would have the evaluations completed by outside professionals. Other times, parents would bring a completed private psychoeducational evaluation into the school for review and the school was unaware such an evaluation had been initiated by the parents. Sometimes, the school would complete a school-based psychoeducational evaluation with parental permission and then parents would seek a supplementary private psychoeducational evaluation for a second opinion. Regardless of why the private psychoeducational evaluation had been completed, it was the school psychologist's responsibility to review these outside evaluations for the multidisciplinary team to determine eligibility for special education services. Sometimes it was observed that assessment tools which had been utilized by the private practitioners were the same as those which would have been used in a school-based psychoeducational evaluation. In these instances, the question must be asked of why a parent had chosen to

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pay for an equivalent service they could have received without personal cost if completed by the district. Other times, it was observed that compared to a school-based psychoeducational evaluation, the private psychoeducational evaluation would have important information missing, including student progress monitoring data, educational history, teacher input, and observations of the child in the academic setting. There were also times when assessment instruments utilized in the private psychoeducational evaluation were outdated, no longer valid, or were interpreted inaccurately. There are no guidelines regarding the quality or content of a private psychoeducational evaluation. In these instances, the parent would be informed by the school psychologist and multidisciplinary team that the private psychoeducational evaluation was invalid and could not be utilized by the school system, effectively stating what parents had paid for did not meet school standards.

In addition to potential problems with the quality of private psychoeducational evaluations, there may also be negative connotations associated with parents who had sought these evaluations. Based on personal experience, school staff tended to view this action as an indication of lack of satisfaction with the school, lack of trust, and home-school conflict. Teachers and administrators would sometimes feel threatened, be defensive at meetings, and be less accepting of any private psychoeducational evaluation results. This reaction would potentially lead to decreased family-school collaboration and communication.

Current Study

If IDEA mandates special education practices that are clear on the evaluation process, why would a parent choose to seek a private psychoeducational evaluation?

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This practice raises a number of possible research questions. Is this occurrence due to lack of education or understanding regarding the special education process? Do parents simply not know the school system is required to complete necessary psychoeducational evaluations as part of the eligibility process? Or, is there a belief if an evaluation is paid for, it must be of better quality? Is it an indication of lack of trust on the parent's part? Do these parents have poor satisfaction with the school, or previous negative experiences and conflicts which lead them to seek private psychoeducational evaluation?

Given reasons of high personal cost, varying quality, and possible negative relationships between parents and educators, why parents would seek private psychoeducational evaluations is unknown. It was hypothesized that several of the reasons parents identified for seeking independent evaluations in the Garretson study (1980), such as lack of trust and dissatisfaction, will also be present in parents who seek private psychoeducational evaluations in the current study. To date, there has been no research to investigate why parents seek private psychoeducational evaluations. Therefore, the purpose of this investigation was to begin exploring why parents seek private psychoeducational evaluations for their school-age children.

Chapter II

Literature Review

Individuals with Disabilities Education Improvement Act

In 1975, Congress enacted the Education for All Handicapped Children Act, also referred to as Public Law 94-142, to support and protect the rights of all infants, toddlers, children, and youth with disabilities (History of IDEA, 2000). This law was re-authorized in 1997 as the Individuals with Disabilities Education Act (IDEA, 2005) and re-authorized yet again in 2004 as the Individuals with Disabilities Education Improvement Act. The purpose of this legislation was to ensure that the rights and educational needs of all children with disabilities were met. Since the original passing of PL 94-142, there has been significant progress in developing and implementing programs and services for early intervention, special education, and related services (History of IDEA, 2000). The number of children and youth who receive special education services nationwide reached 6.5 million as of the 2013-2014 academic year (www.nces.ed.gov/fastfacts). To qualify for special education services, all of those 6.5 million children received some type of comprehensive psychoeducational evaluation and were determined to qualify for services. With so many children to serve, it is not surprising the federal Department of Education budget for special education services during fiscal year 2015 was 12.6 billion dollars (www.ed.gov/about/overview/budget/budget15). Special education is a multi-billion dollar investment with millions of children involved, as well as their families and every public school system in the nation. Therefore, it is necessary for very specific rules and regulations to oversee all areas of special education.

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IDEA mandates all special education and early intervention services from age birth to twenty-one years. Infants and toddlers (i.e., birth to two years of age) receive services through IDEA Part C. This study focused on IDEA Part B, which provides special education and related services for ages 3 to 21 years. IDEA (2005) has specific rules for all areas of special education from initial referral and evaluation for disability to creation of an Individualized Education Program (IEP), and how to manage disagreements between involved parties.

Referral.

The special education process begins with a referral of a student with a suspected disability to a multi-disciplinary team. IDEA section 300.301 (2005) states a local education agency (LEA) shall conduct a full and individual psychoeducational evaluation before the initial provision of special education and related services to a child with a disability. Either a parent of a child or a state education agency, such as a public school, may initiate a request for an initial evaluation to determine if a child has a disability. A multidisciplinary team (MDT) would include the parents of the child and qualified school personnel, including at least one regular classroom teacher, at least one special education teacher, a representative of the public agency who is knowledgeable about the special education process and the availability of resources who is generally a school administrator, and at least one person qualified to conduct and interpret individual diagnostic evaluations, such as a school psychologist or speech/language pathologist. The parent or school agency may also request other personnel to attend, such as additional family members, supports, or a parent advocate. At the referral meeting, the

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MDT discusses any concerns regarding the child and determines upon a course of action which may include a formal evaluation process to gather additional data.

Evaluation.

According to IDEA (2005) a parent must give consent for an evaluation to take place. If a parent refuses, the school may not complete an evaluation. An initial evaluation to determine if a child is a child with a disability coupled with a meeting of the MDT to review the evaluation results and determine the educational needs of the child must be completed by the school system within 60 days of parental consent. Once parental consent has been obtained, the evaluation process can begin. IDEA section 300.304 describes evaluation procedures (IDEA, 2005). It states the public agency must fully describe all evaluation procedures which may be used on the Informed Consent. The school must use a variety of assessment tools and strategies to gather all relevant developmental, functional, and academic information about the child, including information provided by the parent. All gathered information must be used to assist the MDT team in determining if the child has a disability. IDEA (2005) goes further to state a single measure or assessment may not be the sole criterion in determining eligibility. Evaluations and assessments utilized must be sound instruments which assess the relative cognitive and behavioral factors as well as developmental and physical factors of the child.

Each public agency must ensure that assessments and evaluation materials used to assess a child are appropriate. This means that materials are not discriminatory on a racial or cultural basis. Assessment measures must be administered in the child's native language or other form of communication most likely to yield accurate information.

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Assessments must be used for the purpose for which they were created and be reliable and valid. All assessments must be administered by trained and knowledgeable personnel and all instructions of assessment must be followed. Assessments and other evaluation materials utilized must be tailored to assess specific areas of educational need. The child must be assessed in all areas of suspected disability including health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and/or motor abilities. When evaluating a child with a disability, the evaluation must be sufficiently comprehensive to identify all of the child's special education and related service needs.

As part of an initial evaluation, the MDT team and other qualified professionals must review existing evaluation data on the child, such as evaluations and information provided by the parents; classroom-based, local, or state assessments; as well as classroom-based observations by teachers and related service providers. This information, including formal assessment and evaluation measures, historical evaluation data, classroom information, and observation would be compiled as a thorough and comprehensive *school-based psychoeducational evaluation* completed by the public school system for purposes of special education determination (U.S. Dept of Edu, 2006b).

IDEA stipulates the LEA shall administer such assessments and other evaluation measures needed to produce the identified data needed by the MDT team to determine eligibility and assumes parents will allow the school to complete these evaluations (IDEA, 2005). However, there are other types of evaluations that occur at times. An *independent psychoeducational evaluation* may be sought at public expense, meaning paid for by the school district. This may occur when the school is not able to complete an

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appropriate assessment, if the parents disagree with the school-based psychoeducational evaluation, or when a due process complaint is filed.

The parent may also seek *a private psychoeducational evaluation* at personal expense, meaning paid for out-of-pocket or through personal health insurance. When a private psychoeducational evaluation is completed, the parents may choose to share the results with the MDT team. If the results are shared with the school district, the MDT team is then required to consider its information for qualification and/or services provided. For private psychoeducational evaluations, there are no timelines which must be followed, no set guidelines of how assessment should proceed, and no time requirements for when results must be shared with parents by an independent practitioner. Though the parent is free to seek a private psychoeducational evaluation at any time, there are no legal mandates overseeing this process other than IDEA stating the MDT team must review the information when provided by the parents.

Eligibility determination.

After the school-based psychoeducational evaluation is completed, it must be reviewed with the MDT team, including the parent, within 60 days of initial parent consent. IDEA section 300.306 (2005) explains the process to determine eligibility. The MDT team, which consists of a group of qualified school professionals and the parents of the child, meets and reviews all relevant information to determine whether the child is a child with a disability, and the extent of the child's special educational needs. The LEA must provide a copy of all evaluation reports and documentation of eligibility determination to the parent at no cost. The MDT must review information from a variety of sources including cognitive and achievement tests, parental input, teacher

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recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior (U.S. Dept of Edu, 2006c). A child is determined to not be a child with a disability if the child does not meet eligibility criteria or if it is found they lack appropriate instruction in reading or math or have limited English proficiency. If a determination is made that a child is a child with a disability, and needs special education and related services, then an Individualized Education Program (IEP) must be developed for the child (IDEA, 2005).

Individualized education program.

After eligibility determination is completed, the MDT team moves into creation of the IEP for the child. An IEP is a written plan for each individual child with a disability which is developed, reviewed, and revised in a formal meeting and must include several specific areas. The IEP must include a statement of the child's present levels of academic achievement and functional performance, including how the disability affects the child's involvement and progress in the general education curriculum (i.e., the same curriculum for nondisabled children) or participation in appropriate activities. The IEP must also include a statement of measurable annual goals, including both academic and functional goals to meet the child's needs and enable the child to be involved and make progress in the general education curriculum. Additionally, the IEP includes a description of how the child's progress towards meeting the annual goals will be measured and when periodic reports will be provided to the parents. In addition, there is a statement of what special education, related services, supplementary aids and services, and individual accommodations will be provided, as well as program modifications or supports for school personnel. There must also be an explanation of any time in which the child will

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not participate with nondisabled children. The IEP will also include a determination of whether the child will participate in regular or alternative assessment. If there are behavioral concerns, the IEP must include positive behavioral interventions and supports. After the child turns 16 years of age, transition services must include post-secondary goals and age-appropriate transition assessments for training, education, employment, and independent living skills.

An IEP must be created and implemented within 30 days of determination of eligibility. Once implemented, the IEP must be reviewed annually, and progress reported to parents quarterly. The IEP must be revised as needed, but at least annually. After initial qualification, re-evaluation to determine continued eligibility must be completed at least every three years (IDEA, 2005).

Disagreement procedures.

IDEA also provides for how to handle disagreements between the LEA and parents. Disagreement procedures may begin with a mediation process between parents and the school. If mediation is refused, or is unsuccessful, then a more thorough due process procedure is available to settle disagreements (IDEA, 2005).

Mediation.

If there are disputes between the district and parents, IDEA provides a mediation process to follow. Regulations state either party may resolve disputes regarding any matter through a mediation process. The mediation process is voluntary, cannot be used to deny or delay a parent's right to due process, and is conducted by a qualified and impartial mediator who is trained. If the parent or district initiates mediation, the other party must agree to participate. A party may refuse mediation. Next a neutral, specially-

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trained mediator will hold a mediation session during which the mediator will hear both sides of the disagreement. Neither school officials nor parents may include a lawyer during a mediation session. The mediator will not make a decision on the disagreement; rather they will help both parties reach an agreement. This agreement would be put into writing, and if appropriate, incorporated into the child's IEP. The mediation agreement is a legally-binding document and is enforceable in court (U.S. Dept of Edu, 2006a).

Due process.

If mediation is unsuccessful, or if both parties do not agree to mediation, either the parent or the public agency may seek a due process hearing. A due process hearing may be requested in relation to the evaluation, identification, educational placement, or in the provision of a free and appropriate public education (FAPE) to the child with a disability. The hearing process begins with a formal complaint being written by the parent and sent to the district. The district then has 10 calendar days to respond to the due process complaint and has 15 calendar days to hold a resolution meeting to take place. A resolution meeting offers parents and districts an opportunity to resolve issues before going to hearing, similar to mediation. If the resolution meeting is unsuccessful in resolving the conflict, the complaint moves forward to a due process hearing. A due process hearing is a legal procedure in which attorneys are generally involved. It is overseen by a neutral Special Education Hearing Officer who considers information provided by each side and then makes a legally binding decision about the dispute. The hearing officer's decision must be implemented by the district. If either party is dissatisfied, the decision may be appealed to the state education department.

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If the district fails to comply with IDEA regulations, they can be held negligent and liable due to violating federal law. For example, in Supreme Court case *Forest Grove School District v. T.A. (2009)*, the United States Supreme Court ruled the parents of a student with a disability were entitled to private school reimbursement even though the student had not been identified as having a disability by the district multi-disciplinary team in part because the psychoeducational evaluation completed by the school did not assess him “in all areas of suspected disability.” In another court case, *W.B. v. Matula (1995)*, the United States Court of Appeals ruled a mother was owed compensation for the school officials’ persistent refusal to evaluate, classify, and provide appropriate educational services for her child.

IDEA (2005) attempts to address all possible aspects of special education and is very thorough in its guidelines. It has mandates for the school to follow from initial identification through the student transitioning out of school and into adulthood. Given the breadth and overwhelming detail of IDEA, it seems clear the U.S. Department of Education intends for the district to complete required comprehensive psychoeducational evaluations for disability determination. And yet, some parents choose to ignore this legal requirement, and seek a private psychoeducational evaluation which has no guidelines or policy to oversee it.

Special Education

While IDEA provides the federal regulations each LEA must follow, special education is the practice of providing individualized services to children who qualify as a child with a disability. Parent involvement in special education including their roles,

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satisfaction in the process, and belief that their child needs special education services may all impact the special education process.

Parent involvement in special education.

Family involvement is a key aspect of the special education process and parents and/or guardians are expected to be involved throughout the special education process. Dickson and DiPaola (1980) interviewed 44 parents of students with disabilities and found that 73% reported awareness of the assessment process and the types of assessments to be performed. However, only nine percent reported answering questions about their child's development or functioning as part of the evaluation process. Nonetheless, 67% of parents indicated their opinions were considered at the MDT meeting. Vaughn, Bos, Harrell, and Lasky (1988) observed parent participation in IEP meetings and interviewed parents following these meetings. Results indicated parent interaction accounted for only 14.8% of conference time. The greatest amount of parent interaction time, 8.3%, was spent on parent initiating comments, while parents spent 5.6% of meeting time making responses, and only 0.9% of meeting time asking questions. Despite this observed low parent interaction time, in interviews following meetings, 69% of parents indicated they felt positive and appreciative of the MDT meeting; 65% of parents also indicated they had no questions and felt all their questions had been answered during the meeting. Researchers concluded that for the most part, parents assumed passive roles during initial MDT meetings, but were satisfied with the school's efforts.

Spann et. al., (2003) examined family involvement in and perceptions of special education. Forty-five in-depth interviews of parents of children with disabilities were

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completed and revealed 100% of parents reported they communicated regularly with someone pivotal in their child's education. Seventy eight percent of parents believed they had moderate knowledge of their child's IEP. Additionally, 56% reported they had moderate involvement in the IEP process, including development, participating at meetings, and contributing to problem solving. Further, a study completed by Leiter and Wyngaarden-Krauss (2004) evaluated reports of parents whose children had received special education services in the 12 months prior. Researchers surveyed over 1,800 parents and found 83% of parents reported feeling satisfied with their child's special education services, with 52% of those parents reporting being "very satisfied." Applequist (2009) interviewed 32 parents and found most reported having positive experiences in the school and credited communication, planning, and preparation to maintaining this experience. Previously discussed research has indicated parents may feel they are active participants in the special education process and often feel satisfied with the special education process.

Parent approaches to special education involvement.

Trainor (2010) studied different approaches parents used to advocate for their children in special education meetings by completing interviews with 33 participants. Participants consisted of a variety of ethnic and socio-economic backgrounds and were individually interviewed. Trainor identified four different approaches parents used to advocate for themselves which included *intuitive advocates*, *disability experts*, *strategists*, and *agents for system change*. *Intuitive advocates* were parents who relied on knowing their own child. Parents indicated this approach was often not effective and was dismissed by the school. This type of approach was discussed most often by parents of

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low socioeconomic status. The *disability experts* were defined as parents who incorporated extensive knowledge of their child's disability to advocate for their child. These types of parents reported more success in advocating for change, particularly if their child was diagnosed with Autism. The *strategists* were defined as parents with combined understanding of disability, strengths of their child, as well as high knowledge of special education. Strategists understood the parent role in referrals and evaluations, services and accommodations, and inclusion. Parents who described this approach were of middle to high socio-economic status. The majority of parents who strategized were also European American. These parents also reported high levels of feeling the teachers did not like them and they were perceived as highly demanding. The final approach identified was that of *change agent*. These parents sought system change. Parents who discussed this were of middle to high socio-economic status, and also spoke often of being privileged with their economic and social resources. Overall, this study found parents of high socio-economic status accessed multiple resources to increase knowledge and improve advocacy for their children. When a parent was of a higher socio-economic status, they tended to use more developed and involved advocacy skills while parents of low socio-economic status focused on knowing their child as an individual and used basic advocacy skills. Parent advocacy differences were not consistent across ethnic groups indicating SES was a better predictor of advocacy style.

Wang, Mannan, Poston, Turnbull, and Summers (2004) interviewed 104 family members about their experiences of advocating for their children and found parents perceived advocacy as either an obligation or as a means to improve services. Parents reported both positive and negative outcomes related to their advocacy. Some felt

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advocacy enhanced their ability to cope in that they had to learn more about their child's disability. In turn, increasing their knowledge increased their ability to manage. Other parents felt advocacy was a constant fight and adversarial to the point of significantly increasing stress on themselves and their families.

Jones and Gansle (2010) evaluated the relationship between socioeconomic status (SES) and parent education on observed parent participation in MDT meetings. They also evaluated parent, teacher, and administrator perception of their own and other's participation in MDT meetings. At the end of meetings, parents were asked how often they felt they participated. Parents did not report a difference in their own amount of participation, regardless of parent SES. However, in observation, number of comments per minute was significantly higher with high SES parents than low SES parents. Administrators also felt that high SES parents participated more often in IEP meetings. Findings further indicated the number of comments made per minute by the higher education group was significantly greater than the number of comments made by parents of the lower education group. This indicates parents of higher SES and higher education level participate more in special education meetings.

Parent referral to special education.

The special education process begins with referral for comprehensive evaluation to determine if a child is a child with a disability and would qualify for special education services (IDEA, 2005). Referral to special education may be initiated for several reasons including academic, developmental, behavioral, or social delay. Foster (1983) found that of 201 students referred to special education, 72% were found eligible for services. However, when the parent made the referral to special education, only 21% of students

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qualified for special education. Researchers concluded there were two explanations for this: school personnel had more training and were able to make more accurate referrals; or that school personnel had more power in the decision-making process than parents and parental referrals were potentially not viewed to be as valid as those made by school personnel. Gottlieb, Gottlieb, and Trongone (1991) analyzed school records of referrals to special education and found that of 439 students, approximately 25% were initially referred by parents. Analysis indicated parents were more likely to refer their children for academic reasons than behavioral reasons. Although teachers also referred for academic reasons, they referred for behavioral and/or a combination of behavioral and academic concerns at higher rates than parents. In general, it was found parents referred higher functioning pupils than teachers. The study, like Foster (1983), also found a higher percentage of parent referrals to special education were found ineligible for services. From this research, it appears parents make more unnecessary referrals or are more likely to refer higher functioning students who do not qualify for special education services. It is not clear if lack of qualification for special education services, or possible refusal by the district to evaluate, leads parents to make referrals to outside resources for private psychoeducational evaluations.

Parents may also refer for psychoeducational evaluation to seek a differential diagnosis. Watson (2008) interviewed 14 families who had sought differential diagnoses to determine the reasons they sought such evaluation. A differential diagnosis was defined by the author as a specific name for a disability such as Autism Spectrum Disorder or a specific genetic disorder versus receiving a global diagnosis such as General Developmental Delay. Watson (2008) found parents identified several reasons

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they sought differential diagnoses. These reasons included: (1) the importance of knowing and having a name for what was wrong in order to help describe what was occurring; (2) knowing a cause for the disability to alleviate feelings of guilt and blame; (3) obtaining information for future expectations to prepare for the future; (4) to gather information regarding appropriate intervention to know best supports to provide; and (5) to gain access to funding or specific services such as becoming eligible for government supports and programs.

Parent satisfaction with special education.

Though the majority of parents' report understanding of and involvement in the special education process, evaluations of parents' satisfaction with the process and services may be more indicative of how well districts are meeting the needs of children with disabilities. Garretson (1980) analyzed parent perception of the special education process in cases where parents had sought and not sought independent psychoeducational evaluations for their learning-disabled children. Researchers completed 132 surveys with parents. Surveys included a rating scale and open-ended questions. Of the participants, 98 parents had sought independent evaluation and 34 had not sought independent evaluation. The author found parent perceptions of the overall special education process, and perception of specific procedures, were not significantly different between the two groups of parents. Parents who had sought an independent evaluation reported dismissal of parent concern by the school, concern with accuracy of evaluation, disagreement with diagnosis, distrust of school decisions, and dissatisfaction with the child's treatment plan as factors that led them to seek independent evaluation. Parents stated they had not sought an independent evaluation for two major reasons: they were satisfied with the

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school evaluation, and they were satisfied with the treatment plan. However, there are several limitations to this study. First this study was completed in 1980 when PL94-142 had only recently been enacted and IDEA and special education practices have changed significantly since that time. Further, this study used a survey to seek parent input; however, only mothers of children with learning disabilities, living in two-parent homes, were included as participants. Participants were chosen from members of a parent advocacy group for parents with children who had learning disabilities. Therefore, it is possible that sampling from a specific population limited the type of parents who responded. Subsequently, there has been no additional investigation of reasons parents seek independent psychoeducational evaluations or private psychoeducational evaluations, so it is unknown if different types of parents seek outside evaluations.

Parent advocate advice for special education.

In today's society, parents have easy access to a variety of resources and supports to assist during difficult times. Through use of the internet, parent advocacy groups, and legal supports, parents can receive a plethora of advice and recommendations regarding academic functioning. Wrights Law is a website focused on special education law and parent advocacy. Within this website, it states that public schools are limited in the tests available and are prevented from completing comprehensive evaluations due to work load. Therefore, it is recommended parents "do not rely on testing by public schools and instead have the child evaluated...in the private sector" (www.wrightslaw.com).

Further, advocacy groups can help parents with understanding special education and IDEA legal regulations, as well as parental and child rights guarded through IDEA. The intent of parent advocacy groups is to correct power imbalances and other perceived

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injustices in the parent-school interaction (Zaretsky, 2004). In a Note from the Yale Law Journal, Phillips (2007) argues for the use of parent advocates in special education. The Note states “without some outside advocacy by the child’s representative many school districts simply will not perform initial evaluations” (p. 1826).

Parent advocate involvement in special education.

Zaretsky (2004) interviewed parent advocates and school principals on their perspectives of the advocacy process and areas that tended to lead to conflict. Six principals and seven parent advocates participated in interviews. Results indicated principals and parent advocates had competing perspectives of what each saw as needed and desirable. Most principals expressed concern with parent advocates focusing on individual versus collective needs. They believed that the principal must think about all children, while advocates tend to focus on only one and can dismiss the needs of the whole. In comparison, parent advocates reported schools often respond to their involvement with confrontation and hostility and believed schools do not necessarily serve all children equally. Perhaps parents have experienced similar feelings of confrontation and hostility which lead them to seeking private psychoeducational evaluations. It is also possible that parents would receive similar negative responses when they share a completed private psychoeducational evaluation with the LEA.

Family-School Relationship

The family-school relationship can have significant impact on academic success and may be impacted by a variety of factors. Parent involvement in the school, levels of trust, and history of conflict may all impact upon the family-school relationship.

Parent involvement and collaboration.

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In 1994, the U. S. Department of Education released a 300-page paper titled *Strong Families, Strong Schools* which reviewed 30 years of previous research evaluating family involvement and its impact upon high quality education. This paper concluded family involvement in education improves children's academic achievement and that the starting point of education is parent expectation and involvement in the child's education. The study first identified areas over which parents have authority. These areas of parent authority were identified as student absenteeism, variety of reading materials in the home, and amount of television watching. The study concluded that areas over which parents have authority accounted for nearly 90% of variability of eighth grade mathematics test scores. Authors concluded that controllable home factors accounted for almost all the differences in average student achievement. This indicates family involvement in education has far-reaching implications and potential to significantly add to a child's academic career. Family involvement was found to impact the child's education in positive ways, including higher grades and test scores, better attendance, higher homework completion, more positive attitudes and behavior, higher graduation rates, and greater enrollment in higher education. All of these outcomes have been found to result in higher lifelong earning as well as leading to the creation of successful, contributing members of adult society. The study further concluded family involvement is more important to student success than either family income or parent education level. The study stated family involvement should be a special focus of any school improvement effort. The study was so impacting and conclusive that Congress added parent involvement goals and guidelines to promote family-school partnerships to the pre-

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existing National Educational Goals. Teachers are now encouraged and often required to maintain contact with parents.

Positive outcomes to parent involvement.

Research has demonstrated students' whose parents are involved in their academic education often demonstrate higher gains in academic achievement, have positive attitudes towards the school system, and have better homework habits than children whose parents are not as involved (Epstein, 1985). In a later work, Epstein (1995) identified six forms of school involvement, with emphasis on the family-school relationship, including parenting, communication, volunteering, learning at home, decision making, and collaborating with the community. Parenting refers to helping families with parenting skills and other home conditions to support learning. Communication refers to two-way communication with families about programs and student progress. Volunteering involves the recruiting, training, and organizing of families as volunteers to support school programs. Learning at home involves families with their children in home learning activities such as homework. Decision making involves supporting and including parents in the school decisions and advocacy activities. Collaborating with the community involves integrating resources and services from community businesses to strengthen school programs. This focus on family-school collaboration has been very influential and was used as the basis for the National Parent-Teacher Association beginning in 1997 (Moles, 1997).

As family-school relationships can have positive impact on children's academic achievement as well as life-long achievement, IDEA requires family participation in the special education process and has provided legal mandates which must be followed to

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achieve parent participation. In a chapter by Karp (1993) within the book *Program Leadership for Serving Students with Disabilities*, collaboration is defined in three parts. Collaboration contains values that reflect respect, empathy, and consideration for others. It also focuses on the recognition that both the school and family have knowledge and special skills to contribute that will improve the education of the child. Collaboration is also the presence of families as equal partners with schools.

Parents have positive aspects which improve the family-school relationship. In Stoner, Jones-Bock, Thompson, Angell, Heyl, & Crowley (2005) parents reported placing a high value on positive teaching dispositions and had high regard and appreciation for individual teachers who had positive impact on their children. Parents also identified that when administrators were accessible, supportive, and addressed parent concerns, they were perceived more positively by parents than those who were not. Swick (2004) identified multiple characteristics parents wanted in their educators including someone who cares about them and their children, respect and to be seen as an effective member of their child's education team, to have a part in shaping the educational agenda, to see their ideas respected and used in creating a quality care environment, competent early childhood professionals who deliver services effectively, to have a parent-school relationship which is collaborative and communicative, and to have a close relationship with early childhood professionals. These aspects were likely to lead to collaboration and positive family-school relationship.

Negative experiences of parent involvement.

In contrast, parents have expressed areas of concern with the family-school collaboration process. Pruitt, Wandry, and Hollums (1998) interviewed 78 families and

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identified several issues related to the interactions between parents and special education professionals within the school setting. Seventy percent of parents identified they wanted special educators to listen to them and realize parents know and understand their children. Parents further identified that the quality of communication between parents and educators should be improved. Seventy-seven percent of parents indicated educators should realize every family is different, and they should get to know them better and be more sensitive to family needs. Parents further identified a need for teachers to increase knowledge of individual disabilities, and to treat their child with more respect including academic, social, and emotional needs. Finally, parents indicated a need to improve the IEP process, particularly in development and implementation of the plan.

Research has clearly identified collaboration and positive family-school relationships leads to higher success in students. It is unclear if family-school relationships and the presence of collaboration, or lack thereof, impact a parent's decision to seek private psychoeducational evaluations.

Family-school trust.

As discussed previously, family-school collaboration has consistently been identified as a critical component in effective education (Karp, 1993; U.S. Department of Education, 1994). Trust between families and the education professionals is a key part of building collaboration. Research completed by Angell, Stoner, and Sheldon (2009) specifically examined parents' reported feelings of trust with educational professionals. Researchers found several key family, teacher, and school factors which led to or detracted from trust. Parents indicated they entered the family-school relationship with different levels of trust they naturally extend to others. Parents indicated that previous

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history and positive or negative interactions with educational professionals impacted their current levels of trust with the school system. Child communication also impacted how much parents trusted. Parents reported listening to their children and observing non-verbal communication of their child to judge if the school was doing a good job.

Parents also identified teacher factors which impacted levels of trust. Parents indicated higher levels of trust when they believed the education professional truly cared for their child's well-being. When communication was frequent, honest, and immediate, parents reported high levels of trust. The opposite also held true; when a lack of communication was reported, so were high levels of distrust. Trust was also impacted by perceived teacher lack of knowledge about disabilities.

Parents also identified school factors that led to different levels of trust. Trust was facilitated when the school climate was reported as positive and non-judgmental. When parents indicated school services such as occupational therapy, physical therapy, speech/language services, as well as implementation of accommodations and modifications were provided by positive individuals, trust was increased. Trust was deterred when parents indicated school services were not provided, inappropriately implemented, or significantly delayed. Finally, parents indicated collaboration between parents and education professionals facilitated trust. When parents felt they were unwelcome, unappreciated, or excluded, trust was negatively affected.

Bryk and Schneider (2003) examined the role of relational trust in building effective education communities and identified several key areas used to build and improve trust. These key areas were identified as respect, personal regard, competence in core role responsibilities, and personal integrity which all combine to create relational

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trust. The authors argued that an integral aspect of trust is respect. Respectful exchanges are characterized by genuine listening and taking others' views into account in subsequent actions. Personal regard relates to how willing another is to extend themselves beyond the formal requirements of a job definition. The ability to go above and beyond expectations increased the building of respect and trust. Competence of school employees also factored into trust; when parents believed a teacher or administrator was competent and would follow through, trust was increased. Finally, personal integrity, the moral-ethical standing and keeping of ones' word, was also identified as a key part to trust.

Knopf and Swick (2007) identified several areas which improve and facilitate trust and positive perceptions. These include actively pursuing meaningful relationships with all of the families in the classroom, ensuring the initial contact with parents is positive and early, communicating with parents consistently through a variety of means, sharing the small accomplishments and meaningful interactions, learning individual parent needs and communicating how these needs are being met, listening to parents' concerns and responding, and explicitly conveying the message that you value parents as their child's first and most influential teacher. It stands to reason if these areas have not been met satisfactorily, there would be a decline in trust and negative impact on the parent-school relationship. Pennycuff (2009) found high levels of parental trust were significantly correlated with high student achievement, high trust in administration, trust in high academic standards, and trust in school safety.

Family-school conflict.

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When collaboration and trust are not present or parents feel their expectations are not being met by the school system, then conflicts may arise. Hess, Molina, and Kozleski (2006) evaluated parent perceptions of the special education process and found parents saw special education as something done to them with little input on their part. This contradicts previous research (Applequist, 2009; Leiter & Wyngaarden-Kraus, 2004; Spann et al., 2003) which found that the majority of parents felt involved in the special education process. Hess et al. (2006) found parents indicated a need for time to understand what it means to have a child with a disability and to adjust to this new information. This included families needing the opportunity to talk and share their hopes and concerns related to their children in the special education process. Parents further emphasized that a teacher's perceived caring and openness to communication is the most important aspect of the special education process. It stands to reason that when these parent expectations and desires are not met, the result would be increased family-school conflict as well as a sense of distrust with the school system.

Some studies have found parents can be intimidated by the MDT process and team. Vaughn et al. (1988) found 23% of parents felt nervous and cautious following initial MDT meetings, while 8% felt confused or overwhelmed. Parents reported educators tend to dominate meetings and parent input is often negligible (Dabkowski, 2004). Parents have also expressed a variety of negative feelings experienced during IEP meetings including guilt, embarrassment, intimidation, and alienation (Flynn, 2006; Goldstein, 1993). A study completed by Trussell, Hammond, and Ingalls (2007) included 200 interviews of parents and found 72% of family members felt overwhelmed, anxious, or shocked during their initial IEP meeting. It is unclear why some parents feel this way

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and other researchers have found overall satisfaction with IEP process. It is possible parents could experience these different emotions and still feel satisfied with the overall outcome.

Deterrents to building trust.

Though trust has been identified a key characteristic to a positive family-school relationship, there are still deterrents which impact the ability to build trust between the school system and parents. Baum and McMurray-Schwarz (2004) found positive feelings and expectations are not always present in teachers. They found that pre-service teachers shared concerns about the quality of family-teacher relationships and the role of parents in education. Pre-service teachers reported anticipation that the parent-teacher relationship would be characterized by conflict and criticism. Student teachers expressed that they must try to educate despite students' parents, rather than in partnership with them. Baum and McMurray-Schwarz's (2004) research indicated many new teachers enter the field with an *us versus them* attitude which has the potential to greatly impact home-school relationship and parents' trust in schools. This is similar to earlier research by Epstein (1995) who identified possible teacher misconceptions of parents, including that parents do not care about education, parents do not have the time or motivation to be involved, and parents are not interested in leadership roles within the school.

Similarly, deterrents to trust have been found when researching parents' beliefs. Stoner et al. (2005) identified multiple areas which decrease and negatively impact parental trust in the school system. In research completed with parents of children with Autism Spectrum Disorder, it was found that an initial struggle for an accurate diagnosis often initiated a sense of distrust with medical professionals, which continued and

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influenced parent interactions with educational professionals. Following diagnosis, parents often focused on external problem-focused behavior which affected the level of trust between parents and educators. Parents further reported entering the special education process was traumatic and confusing, and obtaining services was complicated, which led to a sense of distrust. Parents reported negative experiences reduced trust to such an extent that parents could not trust educational professionals even when their individual situation had improved. It is possible the loss of trust or previous negative interactions between parents and schools could lead to a parent seeking a private psychoeducational evaluation.

Adams and Forsyth (2007) found that as their child's grade level increased, parent trust level decreased. Researchers related this decline in trust to adherence to rigid rules by schools and a decline in collaboration between parents and schools as grade increased. Further, Lake and Billingsley (2000) interviewed parents, school officials, and mediators who had participated in a special education appeals process. From these interviews, researchers identified seven factors which escalate or de-escalate conflict in special education. These seven factors are (1) valuation, (2) reciprocal power, (3) constraints, (4) communication, (5) trust, (6) knowledge, and (7) service delivery. Valuation is defined as who and what people care about. When parents reported feeling devalued in the family-school relationship, conflict escalated. Reciprocal power is defined as both parent and school bases of power that were used in an attempt to get what they wanted. When there was a perceived imbalance of power, conflict was increased. Constraints are defined as constraints on resources of time, money, personnel, and materials. Financial constraints prompted conflict. Communication, such as frequency of communication,

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lack of communication, lack of follow up, misunderstood communications, and timing, were identified as factors which escalated conflicts between parents and schools. If trust was present, parents felt security and predictability in school personnel, whereas in relationships with broken trust, parents reported less satisfaction. Mediators, parents, and school personnel indicated that if all involved were more knowledgeable, conflicts could be more easily prevented or contained. Service delivery is defined as the services provided to students including special education services, instructional programs, and case management. Parents offered two conclusions of how a parent and school could view a child differently: the school did not see the child as an individual, or schools focused on child weaknesses in a deficiency-based model. For all seven factors, it was found that conflict arose when the family and school had differing views of what the child needed. This study focused on the imbalance of power between the family and school and suggested parents should be more vocal and use their power to get what they want. The current study sought to identify if parents indicate experiencing an imbalance in power and if seeking a private psychoeducational evaluation led to reported increased conflict.

Leiter and Wyngaarden-Krauss (2004) studied parent reports of special education involving related services. Related services are services to assist a child with a disability to benefit from special education such as speech-language therapy, physical therapy, occupational therapy, or counseling. Results indicated that of the 278 parents who requested additional services, 80% had reported problems obtaining those services. Types of problems reported included the school not thinking the child needed services, available services being inadequate, difficulty finding the appropriate service, and 13% of parents

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reported the school would not evaluate their child for disabilities. In addition, it was found that parents of children with multiple disabilities, and parents whose children were served outside of the home school district, reported lower satisfaction with the special education process. It was further found that family income at or below the poverty level decreased parent satisfaction with the special education process. It is unknown if similar reasons and dissatisfaction lead parents to seek private psychoeducational evaluations.

Negative outcomes of conflict.

When conflicts become unmanageable parents can move into mediation or due process as discussed previously. Nowell and Salm (2007) studied the impact of mediation on the parent-school relationship as well. In this study, seven parents were interviewed who had been involved in mediation. They all stated they came to mediation because they could not get what they wanted from the school system. Findings suggest aspects including communication and trust are relevant to the impact of mediation; the most important aspect was parents' perceived ability to influence the school. Though private psychoeducational evaluations can be sought at any time and are paid for by the parents, it is possible they still may be sought primarily due to conflict between the family and school.

Personal Experiences and Observations

As a practicing school psychologist for seven years, I completed over 1,000 special education evaluations as part of the special education process. In my time as school psychologist, I experienced a parent seeking an independent psychoeducational evaluation that was paid for by the school system on only one occasion. Yet each year, I

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would review at least fifteen private psychoeducational evaluations which had been sought by the parent and paid for personally or by medical insurance.

Every time I reviewed a private psychoeducational evaluation, I wondered why the parents had sought this evaluation at such a high personal expense. Why had they paid out of pocket for an evaluation the school would have completed at no cost to them? When I would ask parents, I was answered with a variety of responses. Some parents would state they did not know the school system could complete such evaluations. These parents had only learned of special education when they brought in the completed private psychoeducational evaluation to share with someone in the school system. Others would state they were seeking a second opinion to compare to the school psychoeducational evaluation. Other parents stated they believed an evaluation that was paid for would be of better quality than what the school could complete. Other parents stated they did not believe the school psychoeducational evaluations would be unbiased and would in fact only report results the school wanted to use. Some parents reported being unsatisfied with the school personnel or the special education process. Other parents would state they did not trust the school and wanted an impartial evaluation and they were willing to pay for that to happen. Some parents were involved in regular conflict with the teachers, administrators, or MDT team and identified this conflict as their reason for seeking private psychoeducational evaluation. No research to date has sought to understand why parents seek private psychoeducational evaluations.

I also wondered about the characteristics of parents and who sought private psychoeducational evaluations. As no other researcher has examined the completion of private psychoeducational evaluations, there was not yet an answer to any of these

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questions. The current research project sought to explore some of these questions and understand why parents seek private psychoeducational evaluations.

Summary

IDEA (2005) has clear, precise mandates regarding evaluation, identification, provision of services, and conflict resolution for the family and school related to special education. Yet, there is a phenomenon which occurs in which parents seek a private psychoeducational evaluation, at personal cost, rather than participating in the special education evaluation process. Additionally, there has been no research to evaluate why parents seek private psychoeducational evaluations when the school is required by law to perform this function.

IDEA has strict guidelines regarding parent involvement in the special education process, as well as the comprehensive evaluation process which must be followed (IDEA, 300.502). Research has demonstrated favorable outcomes of family involvement in the special education process and research has also found negative perceptions and hostility impact on family involvement in special education (Applequist, 2009; Leiter & Wyngaarden-Krauss, 2004; Spann et al., 2003). Outside impacts such as legal advice and parent advocacy groups have shared their opinion of school psychoeducational evaluations and made their own recommendations (Phillips, 2008; www.wrightslaw.com). Research has identified parents of different socioeconomic status can make different decisions regarding their children's health and education (Friedman, Bobrowski, & Geraci, 2006; Graves & Serpell, 2013; Jones & Gansle, 2010; Trainor, 2010).

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Research has shown best practices to promote involvement of parents such as trust, open communication, and active listening; and has also found when these characteristics are not present there is a higher likelihood of conflict and disagreement between parents and the schools than when the relationships is open and positive (Epstein, 1995; Karp, 1993; Lake & Billingsley, 2000; Swick, 2004). Parents have identified reasons they sought mediation or due process, including lack of communication and not being able to get what they wanted (Flynn, 2006; Goldstein, 1993; Nowell & Salm, 2007). Yet no researcher has examined why parents seek private psychoeducational evaluations at personal cost.

The purpose of this investigation was to develop greater understanding as to why parents may seek private psychoeducational evaluations for their children. It is important to learn more about this phenomenon, as parents seek private psychoeducational evaluations regularly in the academic setting and yet there has been no research to scientifically evaluate this real-world occurrence. Parents' seeking private psychoeducational evaluations is not the process which is intended through IDEA and should be better understood as it speaks to a possible deeper level of lack of understanding, conflict, and/or poor parent-school relationships. This research could also benefit private providers by helping them to understand why parents are seeking their services.

Several hypotheses about why parents sought private psychoeducational evaluations were considered including: (1) lack of satisfaction or (2) lack of trust on the parents' part, (3) prior conflict between family and school, (4) parents are unaware of the special education process and that the school can complete psychoeducational evaluations

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(5) parents have been recommended to do so by outside sources, or (6) parents believe private psychoeducational evaluations are of better quality. There may also be demographic differences among parents who choose to seek private psychoeducational evaluation.

Research Questions

First, this research sought to answer why parents seek private psychoeducational evaluations. Further exploratory analyses using parent responses of identified parent characteristics and child characteristics were used to explore if said characteristics impact parent reported levels of overall satisfaction, overall trust, and level of conflict.

Second, this research explored outcomes following private psychoeducational evaluation and if parents perceived an impact on the parent-school relationship after private psychoeducational evaluation.

Chapter III

Method

The purpose of this research was to investigate the reasons parents seek private psychoeducational evaluations for their school-age children at personal expense using a survey consisting of quantitative and qualitative response options. Also, this research explored how parent and child characteristic impacted parent's perceived satisfaction, trust, and conflict with the special education process and educational staff. Finally, this research explored the impact of private psychoeducational evaluations on the parent-school relationship.

Participants

Participants were parents who had sought a private psychoeducational evaluation for their school-age child, age 5-21 years, within the last 5 years. A total of 143 parents completed the online survey. Four respondents were excluded from the study as their child was under the age five at time of private psychoeducational evaluation, resulting in 139 participants.

A national sample of respondents from 33 different states across the country completed the survey (see Table 1 for participants by state). Respondents consisted mainly of biological parents (see Table 2 for relationship of participants to the child who received a private psychoeducational evaluation). Parents reported residing in primarily suburban areas (see Table 3 for participants area of residence). Household income consisted of low, or up to \$59,999 ($n = 26$, 19%), medium \$60,000 – 99,999 ($n = 23$, 17%), or high, over \$100,000 ($n = 84$, 60%). Parent education level was separated into

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high school or less ($n = 4$, 3%), some college ($n = 14$, 10%), college degree ($n = 63$, 45%), or graduate degree or higher ($n = 56$, 40%).

Demographic information on the child who received the private psychoeducational evaluation was also gathered. Children consisted of 83 males (60%) and 55 females (40%), with one participant not reporting gender of child. Age at time of first private psychoeducational evaluation ranged from age 5 to 17 years of age, with a mean age of 9 years (see Table 4 for age of child at time of private psychoeducational evaluation). Grade at time of first evaluation ranged from kindergarten to 11th grade, with a mean grade of 3.8 (see Table 5 for grade of child at time of private psychoeducational evaluation). Eighty-four percent of children attended public regular education (see Table 6 for type of school child attended at time of private psychoeducational evaluation).

Recruitment of Participants

Five organizations consisting of public school districts and parent advocacy groups were identified as resources for participant recruitment. These organizations were identified by this researcher through personal experience, personal referral, and web-based searches. Two school districts were chosen with a reported high frequency of parents seeking private psychoeducational evaluations; one from western New York and another from eastern Maryland. Parent advocacy groups were identified in corresponding geographical areas, as well as a national parent advocacy group, due to these groups recommending parents to seek private psychoeducational evaluations and thus having access to appropriate participants.

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Unfortunately, both school districts and one parent advocacy group declined to participate. Both school districts agreed that though this area of research should be investigated, parents who would be appropriate may have tenuous relationships with the school and contacting said parents may further deteriorate said relationship. The director of one parent advocacy group was not responsive to multiple attempts to gain contact. Another parent advocacy group was interested in participating but had a policy of not sending members any information not related to their service. However, this agency did agree to contact other affiliated agencies which may have been interested in participating. The national parent advocacy group agreed to participate and is believed to be the main source of participants.

Sampling Procedure

Participants were sought through collaboration with a national parent advocacy organization and given access to an on-line survey. In addition, a snowball sampling technique was utilized. Other researchers have found that when a sample of participants consists of a very specific group, it can be difficult to identify and access participants (Angell, Stoner, & Sheldon, 2009; Watson, 2008). Previous researchers (Angell et al., 2009; Watson, 2008) have struggled with identifying appropriate participants and after unsuccessful attempts to gain participants, have moved to a respondent-driven or snowball sampling technique. The snowball sampling technique consists of asking participants to identify possible further appropriate participants. These second level identified participants are then asked to identify additional participants and so forth until a reasonable number of participants have been identified (Watson, 2008). As participant identification was a foreseen obstacle in this data collection due to a limited number of

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appropriate participants, participant recruitment began with the researcher contacting the two identified school districts and parent advocacy organizations, and then utilizing the snowball technique.

This researcher contacted each district or agency by phone and discussed what would be involved with participation on the district or agencies part. This initial contact was with the superintendent of school or appropriate director of advocacy group. The researcher explained the purpose of the investigation and data collection procedures and sought agreement of the district or agency to be a research partner.

Although the two school districts and one regional parent advocacy groups declined to participate, the national parent advocacy center agreed to partner with the researcher. The national parent advocacy group posted a notice of research participation request on both their web-site and social media which included a letter to parents as well as a link to a web-based survey. All participants who read the invitation to participate were asked to forward the survey link to any parents who may have also sought private psychoeducational evaluations. These second-level participants were also able to participate in the study. The other parent advocacy group which agreed to participate did not post a notice of research participation for their members; but did forward the request for participation to other parent resources for possible second level participants to consider participation.

Instruments

To create the Parent Questionnaire (see Appendix A), this researcher compiled a list of hypothesized reasons parents seek private psychoeducational evaluations through personal work experience and from related research. Three practicing school

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psychologists were asked to review the survey for completeness of reasons parents may seek private psychoeducational evaluations as well as relevant parent and child characteristics they have observed of those parents who use this process. All responses were used to further develop the questionnaire. Then, the Parent Questionnaire was made into a web-based survey through Survey Monkey. The Parent Questionnaire was then given to a sample of three parents who were asked to provide feedback about question clarity, time to complete, and completeness of items.

The Garretson survey (1981) was not utilized by this researcher for two main reasons. First, the Garretson survey consisted of 20 questions, 17 of which related to the special education process and school based evaluations completed and were unrelated to the current study. The final three questions were related to seeking independent psychoeducational evaluations paid for by the district, rather than private psychoeducational evaluations paid for by parents as of question in the current study. Of these three questions, only one was relevant to the current study which asked for the parent to indicate their reason for seeking independent evaluation. Notably, a similar question was utilized by the current researcher. Second, the Garretson survey focused on comparing parents who did and did not seek independent psychoeducational evaluations, while the current study focused solely on parents who sought private psychoeducational evaluations and on parent beliefs and experiences with the special education process and educators; as well as gathering descriptive information about the parents and child for whom private psychoeducational evaluation was sought.

Variables

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Descriptive data was identified on the Parent Questionnaire and used for frequency analyses. Parents provided information on cost of private psychoeducational evaluation, their knowledge of school ability to complete evaluations, belief of bias of school evaluations, belief of quality of evaluations, and satisfaction with private psychoeducational evaluation. Frequency analyses were completed for all survey items including those related to satisfaction and trust.

Independent variables.

Parent characteristics.

Parent characteristics including parent education level, household income, parent reported frequency of conflict with the school, involvement with parent advocacy groups, experience with special education, and parent satisfaction with previous evaluations were used as independent variables. These items consist of nominal or ordinal data and were used to provide frequency data and statistical analyses using t-tests and ANOVA.

Child characteristics.

Child characteristics including grade at time of evaluation, area of difficulty, and having previous evaluations completed were used as independent variables. These items consist of nominal or ordinal data and were used to provide frequency data and statistical analyses using t-tests and ANOVA.

Dependent variables.

Total satisfaction.

Parents answered three questions related to satisfaction including satisfaction with school administrators, satisfaction with teachers, and the satisfaction with the special education process. These items used a 4-point Likert scale to quantify responses.

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Original items were used for frequency analysis. Items were then added for further analyses to create a new variable to measure overall level of satisfaction which utilized a 3 to 12-point scale range.

Total trust.

Parents answered two questions related to trust including trust of school employees and trust of the special education process using a 4-point Likert scale. Items were used for frequency analysis. These items were added to create a new variable to measure overall level of trust for further analyses which utilized a 2 to 8-point scale range.

Level of conflict.

Parents were asked to rate the number of previous conflicts they had with the school regarding their child's education using a 4-point scale rating. Responses were used for frequency data as well as further statistical analyses.

Qualitative data.

Qualitative data was gathered through open-ended questions on the Parent Questionnaire. Parents were given the opportunity to respond to five narrative questions: item numbers 15, 26, 29, 31, and 36. Responses were read by this researcher, content themes were noted, and coded into predominant themes. Independent themes were identified for each narrative question based on parent responses. Subsequently, all responses were read and coded by a peer of the researcher for a consistency check with the researcher. The peer was a masters level educated professional in a similar field to researcher. Eight hundred eighty eight statements were coded by this researcher and reviewed by peer. Twenty-three differences were noted and discussed; the appropriate

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theme was determined through researcher and peer discussion. Responses were coded into themes related to why parents sought private psychoeducational evaluation, satisfaction, trust, conflict, and how the school received private psychoeducational evaluations. Parent responses were reported through descriptive information and frequencies. The intention of this qualitative data was to complement and expand on quantitative information obtained through the parent survey, as well as support further analyses completed.

CHAPTER IV

Results

This was an exploratory study to examine why parents seek private psychoeducational evaluations for their children at personal expense. A national parent advocacy group shared a letter inviting parents to participate in this study on their website and social media which included a link to an online survey. There is no way to measure how many parents would have seen the survey, though the advocacy group reported over 5,000 followers on their social media. Using the snowball technique for participant recruitment, the survey was forwarded by participants to other potential participants who may be appropriate to participate. It is believed this occurred, as two parents contacted researcher by email and indicated they had done so. Responses were analyzed using descriptive statistics, t-tests, ANOVA, and qualitative analyses.

Reasons Parents Seek Private psychoeducational evaluation

Based on survey responses, a startling 97% ($n = 135$) of parents reported they believed a private psychoeducational evaluation would be of better quality than a school psychoeducational evaluation. Just as surprising, 84% of parents ($n = 116$) reported they believed a school psychoeducational evaluation would be biased. These findings supported the researcher's hypotheses that parents would find a private psychoeducational evaluation to be of better quality than a school psychological evaluation. The researcher also hypothesized that parents may not be aware school psychological evaluations could be completed if requested by parent. This hypothesis was not supported in survey responses as ninety percent ($n = 125$) of parents reported

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they knew the school completed said evaluations when they chose to have a private psychoeducational evaluation completed.

Parents were asked to share why they sought private psychoeducational evaluation in narrative response. Of parents who responded ($n = 128$), 50% indicated they sought private psychoeducational evaluation due to school refusal. Thirty-eight percent indicated they sought private psychoeducational evaluation due to belief that the school was biased. Twenty-nine percent of parents referred to belief that a private psychoeducational evaluation was of better quality. Only five percent indicated they sought private psychoeducational evaluation at the recommendation of another, and a scarce two percent indicated they sought private psychoeducational evaluation to get a second opinion.

Satisfaction.

It was hypothesized that lack of satisfaction may be a reason parents seek private psychoeducational evaluation. On survey items, parents were asked questions regarding their satisfaction with administration, teachers, and the special education process. The majority of the 139 respondents reported dissatisfaction with staff and the special education process. Respondents were most dissatisfied with the special education process, with 86% endorsing lack of satisfaction. Respondents were also dissatisfied with staff, as 73% endorsed dissatisfaction with administration and 60% reported dissatisfaction with teachers (see Table 7 for parent responses related to satisfaction).

In narrative response, parents were asked to share about their overall satisfaction with the school. Of the 132 parents who responded, 49% indicated they felt the school was not meeting their child's needs. Parents reported lack of satisfaction with school

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personnel, as 42% indicated they had problems specifically with teachers, while 31% indicated problems with administration. Legal involvement was referred to in 18% of responses. It was noted 20% of responses indicated some level of satisfaction with the school.

Trust.

It was hypothesized that parent reported low level of trust may be a reason for seeking private psychoeducational evaluations. Parents were asked questions regarding their trust of school personnel and the special education process. The majority of respondents indicated some level of mistrust with the process as well as with school personnel. Respondents lacked trust of the special education process, as 89% of parents endorsed some mistrust or no trust ($n = 139$). Respondents also did not trust school employees, as 81% described feeling some mistrust or no trust ($n = 137$) see Table 8 for parent responses related to trust.

Parents were asked to describe in narrative their overall level of trust with the school ($n = 125$). Nearly half of parents indicated they did not feel the school was meeting their child's needs, with 48% of respondents stating this. Parents further believed the school focused on what was best for them, not the best interest of the child, as this was reported by 32% of parents. Thirty percent of parents indicated feeling mistreated themselves and 14% of parents specifically stated they did not trust the school to complete evaluations. Only 17% of parents made some mention of trust with the school.

Conflict.

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Conflict with the school was also considered as a reason parents may seek private psychoeducational evaluations. Parents reported the level of conflict they have experienced; all 139 participants responded. The majority of parents indicated they had minimal conflict with the school as 38% indicated no conflict with the school and 27% indicated 1-2 conflicts. Fewer parents reported 3-5 conflicts, with 17% endorsing this, and 19% indicated over five conflicts with the school (see Table 9 for parent responses related to conflict).

Parents were asked to describe overall conflict experienced with the school in narrative response. Of 123 respondents, only 18% denied any conflict with the school. This is fewer than expected given parent response on survey item related to conflict. In narrative, parents identified conflict related to school denial of special education services and the school not meeting their child's needs as predominant concerns, with 37% of parents reporting each of these concerns. Specific conflicts with teachers were indicated by 26% of parents. Further concerns of lying by school personnel were shared by 8% of parents and 11% referred to legal involvement.

Exploratory analyses.

To test the hypothesis that past level of conflict relates to parents' satisfaction and trust, the respondents were classified into four groups: No Conflict, 1-2 Conflicts, 3-5 Conflicts, and Over 5 Conflicts. Total Satisfaction and Total Trust were entered into separate one-way ANOVAs with Level of Conflict as the independent variable. The results revealed a significant difference in variance among the groups in Total Satisfaction, $F(3, 133) = 3.16, p = .027$. Post hoc comparisons using Tukey indicated that parents reporting no conflict ($M = 6.38, SD = 2.23$) had significantly higher Total

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Satisfaction than those reporting over five occurrences of conflict ($M = 4.92$, $SD = 1.67$).

The Levene Test for homogeneity of variance found a significant difference in variance among the Total Trust scores, so Welch's ANOVA (for unequal variances) was performed. The results revealed a significant difference among groups in Total Trust, $F(3, 133) = 4.83$, $p < .001$, and post hoc comparisons using the Games-Howell test for unequal variances indicated that parents with over five conflicts reported significantly lower trust than those reporting no conflict or 1-2 conflicts (M s: no conflict = 3.67; 1-2 conflicts = 3.46; and over 5 conflicts = 2.46). See Table 10 for full report of results.

Parent Characteristics

Parents were asked questions about their experiences, involvements, and opinions of special education and previous evaluations through survey items and narrative response.

Past experience with special education.

Parents' experience with special education was fairly evenly distributed, with 33% reporting no experience ($n = 46$), 24% reporting little experience ($n = 33$), 22% reporting moderate experience ($n = 31$), and 21% reporting substantial experience with special education ($n = 29$).

Exploratory analyses.

To test the hypothesis that past experiences with special education relates to parents' attitudes about schools, the respondents were classified into four groups: No Experience, Little Experience, Moderate Experience, and Substantial Experience. The Total Satisfaction, Total trust, and Level of Conflict were entered into separate one-way ANOVAS with Special Education Experience as the independent variable. No

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significant differences were found among the groups in Total Satisfaction, $F(3, 133) = .50, p = .683$; or Total Trust, $F(3, 133) = 1.90, p = .132$. The Levene Test for homogeneity of variance found a significant difference in variance among the Level of Conflict scores, so Welch's ANOVA (for unequal variances) was performed. The results revealed a significant difference among the Special Education Experience groups, $F(3, 67.91) = 9.47, p < .001$, and post hoc comparisons using the Games-Howell test for unequal variances indicated that parents with No Experience reported significantly lower levels of conflict than other parents with any degree of past experience, who did not differ from each other (M_s : No Experience = 1.57; Little Experience = 2.30; Moderate Experience = 2.48; and Substantial Experience = 2.59). See Table 11 for full results.

Involvement with parent advocacy.

Only 36% of parents reported they were involved with parent advocacy at the time of private psychoeducational evaluation (see Table 12). This did not support the hypothesis that parent seek private psychoeducational evaluation at the recommendation of advocacy groups. However, a third of participants were involved in parent advocacy. Since these groups do recommend private psychoeducational evaluations, at least some parent may have chosen to complete private evaluation for this reason.

Exploratory analyses.

Respondents who are involved with Parent Advocacy reported significantly higher Levels of Conflict with the school than respondents who are not involved in Parent Advocacy, $t(137) = -2.33, p = .018$, (M_s : 2.46 and 1.99 respectively). There was no difference, however, between the groups in Total Satisfaction, $t(135) = -1.53, p = .130$, or Total Trust, $t(135) = .85, p = .397$.

Satisfaction with previous evaluations.

Of those parents whose children had previous evaluations, 56% reported being dissatisfied or very dissatisfied ($n = 78$), see Table 7. It is noted there is a slight discrepancy in responses as only 83 participants reported having previous evaluations and 93 participants responded to question regarding satisfaction with previous evaluations.

Exploratory analyses.

Parent satisfaction with previously completed evaluation was also compared to Total Satisfaction, Total Trust, and Level of Conflict using separate one-way ANOVAS. There was a significant difference of Total Satisfaction, $F(4, 132) = 7.12, p < .001$, between those reporting being very dissatisfied ($M = 4.27, SD = 1.81$) compared to those being dissatisfied ($M = 5.93, SD = 1.81$), as well as compared to parents reporting being satisfied ($M = 6.77, SD = 2.05$). Those parents feeling very dissatisfied with previous evaluations had significantly less total satisfaction than those being dissatisfied or satisfied with previous evaluations. There were also significant findings for total trust. Though Levine's test of homogeneity was significant ($p = .009$), further analysis using Welch ANOVA were significant, $F(4, 7.68) = 12.50, p = .002$, with post-hoc analyses using Games-Howell being significant between those reporting being very dissatisfied ($M = 2.33, SD = 0.78$) compared to being dissatisfied ($M = 3.16, SD = 1.18$) as well as compared to parents reporting being satisfied with previous evaluations ($M = 4.31, SD = 1.18$). Parents reporting being very dissatisfied with previous evaluations had significantly lower total trust than those parents reporting being dissatisfied or satisfied with previous evaluations. No significant findings were found between groups on Level of Conflict. See Table 13 for full results.

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Education and household income exploratory analyses.

To test the hypotheses that parent education or household income relate to parents' satisfaction, trust, or level of conflict separate one-way ANOVAs were completed. Parent education level and household income were used as independent variables. No significant differences were found among education level groups in Total Satisfaction, $F(3, 132) = 0.89, p = .450$, Total Trust $F(3, 131) = 0.59, p = .624$. or in Level of Conflict, $F(3, 133) = 1.59, p = .194$. Parent income groups were also not significantly different in terms of Total Satisfaction $F(2, 129) = 0.64, p = .531$, Total Trust, $F(2, 129) = 1.12, p = .329$, nor Level of Conflict $F(2, 130) = 1.83, p = .164$. This indicates neither parent education level nor income relate to parent satisfaction, trust, or conflict with school.

Child Characteristics**Area of difficulty.**

Parents were asked to identify all areas of difficulty for their child. Academic difficulty in reading was reported by 75% of parents ($n = 105$); 72% had difficulty in writing ($n = 100$), and 43% had difficulty in math ($n = 60$). Behavior concerns were identified by 32% ($n = 44$) and; attention concerns were indicated by 52% of parents ($n = 72$). Social concerns were indicated by 41% of parents ($n = 57$). Twenty percent of parents indicated some other area of difficulty ($n = 28$); these tended to be related to auditory or sensory processing disorders, speech/language concerns, medical concerns, or mental health concerns such as depression or anxiety.

Parents were asked to report the diagnoses following private psychoeducational evaluation. Reported diagnoses included Specific Learning Disability ($n = 89$), Attention

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Deficit Hyperactivity Disorder ($n = 53$), Autism Spectrum Disorder ($n = 35$), Speech/Language Disorder ($n = 9$), type of processing disorder ($n = 21$), medical diagnoses ($n = 11$), and/or mental health diagnoses ($n = 20$).

Exploratory analyses.

Analyses using t-test with the different identified areas of difficulty as independent variables were completed to determine if area of difficulty related to Total Satisfaction, Total Trust, or Level of Conflict. Respondents who identified reading as a difficulty reported significantly lower levels of Total Satisfaction compared to respondents who did not identify reading as a concern, $t(135) = 2.24, p = .027$, (M_s 5.54 and 6.47, respectively). When writing was identified as a concern Total Satisfaction was significantly lower than when writing was not a concern $t(135) = 2.82, p = .006$, (M_s : 5.46 and 6.56 respectively). Respondents who identified math as a concern reported significantly lower Total Satisfaction than those who did not identify math as a concern $t(135) = 2.80, p = .006$. (M_s : 5.20 and 6.21 respectively). In addition, when respondents indicated a concern in math, Total Trust was significantly lower than when not a concern, $t(135) = 2.49, p = .014$, (M_s : 2.98 and 3.57, respectively).

Respondents who reported difficulty in their child's behavior reported significantly higher Level of Conflict than respondents who did not have behavior concerns, $t(137) = -2.47, p = .015$, (M_s : 2.55 and 2.00, respectively). In addition, respondents who reported concerns in social interaction reported significantly higher Level of Conflict than respondents who did not report difficulty with social interactions, $t(137) = -3.66, p = .001$, (M_s : 2.56 and 1.88, respectively) equal variances not assumed. When concerns are academically based, parent reported Total Satisfaction or Total Trust

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was significantly different, when concerns were related to other areas of functioning Level of Conflict was significantly different.

Previous evaluations completed.

Sixty percent of parents reported their child had been evaluated previously ($n = 83$).

Exploratory analyses.

Parents of children who had previous evaluations completed reported significantly lower Total Trust than parents of children who had not had previous evaluations, $t(135) = 3.52, p = .001$, (M_s : 2.99 and 3.81, respectively). In addition, those having had previous evaluations reported significantly higher Levels of Conflict than those who had not had previous evaluations, $t(137) = -5.14, p = .001$, (M_s : 2.53 and 1.61 respectively) equal variances not assumed.

Child's grade at time of evaluation exploratory analyses.

To test the hypothesis that child's grade at time of private psychoeducational evaluation relates to parents' attitudes about schools and evaluation, the respondents were classified into four groups: Primary, Intermediate, Middle, and High School Students. Total Satisfaction and Total Trust, and Level of Conflict scores were entered into separate one-way ANOVAs with Childs' Grade as the independent variable. No significant differences were found among the groups in Total Satisfaction, $F(3, 133) = 1.30, p = .276$, or Total Trust, $F(3, 133) = 2.31, p = .079$. ANOVA results for Level of Conflict revealed significant differences based upon child's grade at time of evaluation, $F(3, 135) = 6.48, p < .001$. Post hoc comparisons using Tukey indicated that parents of Primary students had significantly less conflict than parents of Middle school and High

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School Students. Parents of Intermediate students also had significantly less conflict than parents of Middle and High School Students (*Ms*: Primary = 1.93; Intermediate = 1.94; Middle = 2.62; and High 3.18). See Table 14 for full results.

Outcomes of Private Psychoeducational Evaluation

Cost and satisfaction.

Parents reported private psychoeducational evaluations were paid for by personal expense 69% of the time ($n = 95$). Of those evaluations paid for by personal expense, costs ranged from \$300 to \$8500 with a mean cost of \$2213. The cost of private psychoeducational evaluations including insurance coverage or co-pays ranged from \$30 to \$8600; it was unable to be determined which portion was paid by parent and what was paid for by insurance.

Nearly all parents reported satisfaction with private psychoeducational evaluations as 93% endorsed being either satisfied or very satisfied ($n = 127$).

Parent perceptions of school reception and impact on relationship.

When results of private psychoeducational evaluations were shared with the school ($n = 135$), 43% of parents reported at least some negative reception by the school while 56% of parents reported positive reception by the school (see Table 15).

Parents were asked to report the outcomes of private psychoeducational evaluation on the survey. Only 18% ($n = 25$) reported their child did not qualify for special education services. Unfortunately, other responses were not considered valid as parents endorsed items that could not occur simultaneously, e.g. parents endorsed both their child qualified for special education and changes were made to IEP. In addition, on the survey items no parent endorsed that additional assessments were ordered by the

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school, but in narrative response several parents stated the school wanted to do their own assessments. It was determined this item was invalid.

Parents were asked to describe the extent they felt the parent-school relationship was altered by seeking private psychoeducational evaluation. Nearly half of the 136 respondents (45%), indicated there was no change to the parent-school relationship. Still, 32% percent of parents indicated a negative change ($n = 44$), and 23% indicated a positive change to the parent-school relationship ($n = 31$). See Table 16.

Lastly, parents were asked to describe the school's overall reception to private psychoeducational evaluation ($n = 126$). Thirty-one percent indicated the school was open to results, while 59% indicated the school was resistant to private psychoeducational evaluation review or results. Fourteen percent of parents indicated feeling the private psychoeducational evaluation validated their concerns. Ten percent of parents referred to legal involvement; in addition 6% of parents reported the school delayed review of results.

Chapter V

Discussion

This was an exploratory study which sought to understand the reasons parents seek and pay for private psychoeducational evaluations for their school-age children. A psychoeducational evaluation is an evaluation that investigates a child's psychological and educational functioning which can be used to determine eligibility for specialized education services. Psychoeducational evaluations are used as part of the identification process for special education services as mandated by Individuals with Disabilities Education Improvement Act (IDEA, 2005). For this study, a private psychoeducational evaluation was defined as an evaluation including at least a cognitive assessment completed by a professional or agency other than the public school district and paid for by the parent.

Previous research has demonstrated positive parent involvement in their children's education can lead to favorable academic and relationship outcomes, as well as demonstrated negative interactions can be detrimental to academic success (Appelquist, 2009; Leiter & Krauss, 2004; Spann et al., 2003). Research has further demonstrated positive family-school relationships include trust, open communication, and active listening, and have found when these are not present there is a higher likelihood of conflict and disagreement between school personnel and families (Epstein, 1995; Karp, 1993; Lake & Billingsley, 2000; Swick, 2004). Some child advocates and parent support groups have urged parents to seek private psychoeducational evaluation rather than allowing school evaluation (Phillips, 2007; www.wrightslaw.com). Yet, no previous research has specifically examined why parents seek private psychoeducational

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evaluations at personal cost. or considered that this practice may be related to levels of trust, satisfaction, or conflict within the family-school relationship.

Garretson (1980) found parents who had sought an independent evaluation reported rejection of their concern by the school, questions concerning accuracy of learning disability evaluation, disagreement with the school over diagnosis, distrust of school decisions, and dissatisfaction with the child's treatment plan as factors which led them to seek independent evaluation. Parents stated they had not sought an independent evaluation for two major reasons: they were satisfied with the school evaluation, and they were satisfied with the treatment plan.

In the current study, several hypotheses were considered for why parents seek private psychoeducational evaluation including: (1) lack of satisfaction or (2) lack of trust on the parents' part, (3) prior conflict between family and school, (4) parents are unaware of the special education process and that the school can complete evaluations, (5) parents have been recommended to do so by outside sources, or (6) parents believe private psychoeducational evaluations are of better quality. It was further considered that among parents who have chosen to have private psychoeducational evaluations there may be parent or child characteristics that impact satisfaction, trust, or conflict. Finally, this research began to examine parents' perception of impact on the parent-school relationship following private psychoeducational evaluations.

Reasons Parents Seek Private Psychoeducational Evaluation

Parent responses on survey items and narrative responses indicate they sought private psychoeducational evaluation due to the belief that private psychoeducational evaluations are of better quality, belief that school evaluations are biased, poor

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relationships with the school, including low satisfaction and low trust, and parents indicating schools are not following IDEA regulations and not meeting children's needs.

Results overwhelmingly indicated parents believe a private psychoeducational evaluation is of better quality. Parents identified higher education of private evaluator as well as timeliness and thoroughness of private psychoeducational evaluations as reasons for this belief. Parents further believed a school psychoeducational evaluation would be biased. This indicates parents are not confident in the training, education, or ability of school psychologists to remain objective in their evaluations.

Parent responses did not support the hypothesis that they did not understand the special education process, as parents reported they knew the school completed psychoeducational evaluations when they chose to have a private psychoeducational evaluation completed. This is encouraging as schools work to educate parents on the IDEA process through outreach. However, despite parents understanding they can have the school complete psychoeducational evaluations, they continue to seek private psychoeducational evaluation instead; this decision may be related in part to what parents identified as school refusal to complete evaluations. Parent responses did not support the hypothesis most parents seek private psychoeducational evaluation primarily at the recommendation of others or due to parent advocacy involvement, though they may be contributing factors. In narrative responses, few respondents indicated they sought private psychoeducational evaluation at the recommendation of someone else, and only two parents indicated they sought private psychoeducational evaluation as a second opinion.

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When parents were asked “why they sought private psychoeducational evaluation,” narrative responses indicated parents most often made this choice due to school refusal to have a special education meeting, complete evaluations, or acknowledge the child had needs. This had not been considered as a primary hypothesis for why parents seek private psychoeducational evaluations as IDEA provides strict guidelines for when the school should complete evaluations. This is important for schools and school psychologists to be aware of as it indicates a belief on the parent part that the school is not following IDEA expectations, or worse, that schools are actually not following IDEA regulations.

Satisfaction.

Results indicated the majority of parents were not satisfied with the special education process. Parents were dissatisfied with both administration and teachers. In qualitative responses, parents were asked to discuss their overall satisfaction with the school, few parents indicated any level of positive satisfaction. Nearly half of parents indicated they were not satisfied due to feeling the school was not meeting their child’s needs. This is consistent with research of Garretson (1980) completed nearly 40 years ago, which found parents sought independent psychoeducational evaluation due to school dismissal of concerns. This is quite a concern as parents continue to identify the school not meeting their child’s needs as a problem. The current study found nearly half of the participants indicated the school was not providing needed services, interventions, or supports for their child. In addition, parents indicated being dissatisfied with administrations or teachers reporting concerns such as administration keeping children out of special education, being interested only in cost-saving measures, and teachers

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lacking training or understanding of disabilities. All of these could lead to poor relationships.

Research items were combined to find a measure of total satisfaction. Further exploratory statistical analyses found parents' reported level of satisfaction was significantly related to both parent and child characteristics. When a parent reported having more than five previous occurrences of conflict with the school they had significantly less total satisfaction than parents reporting no conflict. Results indicated when a child had academic difficulty in either reading, writing, or math parents reported significantly less total satisfaction than if the child did not have academic concerns in those areas. If a child had previous evaluations, parents who reported being very dissatisfied with previous evaluations had significantly less total satisfaction than parents reporting being either dissatisfied or satisfied with previous evaluations. Those parents who were very dissatisfied with previous evaluations may have lower satisfaction than even those parents being just dissatisfied due to other aspects of the special education process as well. Though these findings do not directly answer why parents seek private psychoeducational evaluation, findings do suggest that when parents have frequent conflict with the school, their child has academic concerns, and/or they are very dissatisfied with previously completed evaluations they will have extremely low satisfaction with the school special education process and/or school staff. Schools should be aware of this as it allows opportunity to address these areas in an attempt to improve satisfaction and rebuild relationships.

Trust.

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Parent responses related to trust indicated parents did not trust the special education process and did not trust school employees. When asked to discuss their overall trust with the school in narrative response, nearly half of parents indicated they did not trust the school due to feeling the school was not meeting their child's needs and nearly a third of parents indicated believing the school focused on what was best for the school not the individual child. Parents referred to administration or teachers as "bullies" and of being non-collaborative and "not caring." This was consistent with research conducted by Angell et al. (2009) who found trust was low when parents indicated the school was not providing adequate services or delayed in providing services. Parents reported that level of trust was impacted due to feeling mistreated themselves by the school including concerns being dismissed and not feeling validated. This further supports research by Angell et al. (2009) finding that trust was higher when parent believed there was good communication.

Items related to trust were combined to gain a measure of total trust. Exploratory analyses showed if a child had previously completed evaluations, parents had significantly less total trust than if they had not had previous evaluations. Parents who reported being very dissatisfied with previously completed evaluations reported significantly less total trust than those parents who reported being dissatisfied or satisfied with previous evaluations. Schools should be aware of this as it indicates lack of satisfaction with previous evaluations may be an indicator of less future trust by parents which could negatively impact the relationship. Finally, parents who reported over five previous conflicts reported significantly less total trust than those reporting no conflict or 1-2 previous conflicts. Though this makes logical sense, it further supports need for

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schools to de-escalate conflict and attempt to minimize conflict and rebuild relationships in a positive manner in order to build trust.

Conflict.

Level of conflict experienced was also significant in several ways. When asked about number of conflicts experienced, the majority of parents reported two or fewer conflicts. However, when asked to describe overall conflict with the school, only 16% indicated they had no conflict with the school. Put together, most parents have a small number of conflicts with the school. Parents indicated conflict was related to the school denying special education services and the belief the school was not meeting the child's needs. Parent responses identified lack of school willingness to complete assessments, refusing to provide accommodation or intervention, or lack of ability to address child deficits. In addition, parents reported feeling lied to by school personnel and some indicated conflict escalating to the point of legal involvement. This was consistent with Lake and Billingsley's (2000) research, which found that when the school did not see the child as an individual or there was an imbalance of power, conflict was escalated.

Further exploratory analyses of results found if a parent was involved in parent advocacy, they had significantly higher reported levels of conflict than parents not involved in advocacy. When parents reported any level of previous experience with special education, they had significantly higher level of conflict than parents who reported no experience with special education. If the child had been evaluated previously, parents reported significantly more conflict than if not evaluated previously. These results are concerning as it indicates that when parents are involved with parent advocacy groups, have experience with special education processes, or are unsatisfied

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with previous evaluations, they report more conflict than parents that are not involved with advocacy, have no experience with special education, or were satisfied with previous evaluations.

Parent Characteristics.

Previous research had suggested that parents with higher income had more developed advocacy skills (Trainer, 2010). In this investigation, it was noted 60% of respondents in the current study reported a family income of over \$100,000. However, neither parent income nor parent education level was significantly related to satisfaction, trust, or level of conflict. This was similar to findings by Jones and Gansle (2010) who found there was no difference in reported participation in special education meetings by socioeconomic status. Further, participants ranged from low to high income which suggests income availability does not necessarily relate to parent decision to seek private psychoeducational evaluation and that parents are dissatisfied with the special education process regardless of their income or education level. Sampling method of recruiting participants from a parent advocacy group may have led to higher income and higher educated participants, as those parents may be more likely to be involved with such a group.

Child Characteristics.

When the child had behavioral or social concerns, parents reported significantly more conflicts with the school than if the child did not have behavioral or social concerns. This may be due to parents being called to the school more for behavioral or social concerns, or disagreement with the school in their handling of situations, resulting in increased conflict. It was also found that level of conflict increased with grade of

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child. Parents of children in middle and high school had significantly more conflict reported than parents of children in primary or intermediate grades. This is similar to research by Adams and Forsyth (2007) which found as grade level increases, trust with school decreases. It is possible that conflict may increase with grade of child due to there being more opportunity for conflict between parents and school such as longer time spans of interactions, more possibility for disagreement, or less teacher involvement in later grades.

Outcomes of Private psychoeducational evaluation

Finally, the current study sought to evaluate school reception to private psychoeducational evaluation and parent perception of impact on the parent-school relationship. Just over half of parents reported the school being receptive to private psychoeducational evaluation. This is encouraging as parents reported a general willingness of schools to review private psychoeducational evaluations. However, when parents answered a narrative question asking about the overall school reception to private psychoeducational evaluation, parents indicated the school was resistant to results of the private psychoeducational evaluation. They described the school as unwelcoming of outside influences, not following recommendations, being offended, and being oppositional.

Parents were also asked if they felt the parent-school relationship was impacted by seeking private psychoeducational evaluation. Nearly half of parents felt there was no change to the parent-school relationship, while a third of parents felt there was a negative change to the relationship. It is noted this does not specifically evaluate parent perception of relationship pre-private psychoeducational evaluation therefore those

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reporting no change could be indicating continued poor relationship with the school. In addition, when two schools were contacted to participate in data collection, both declined, citing possible “tenuous relationships” with parents who have sought private psychoeducational evaluation. It was noted that nearly 20% of parents reported a positive change to the parent-school relationship, this may have been due to the school wanting private psychoeducational evaluation, believing the evaluation provided information they could not, or viewing parents that seek private psychoeducational evaluation as active parents.

Limitations

There are several limitations to this study. Though five different agencies were approached to recruit participation, both schools declined to participate as did one parent advocacy group. Participants were primarily found from a national parent advocacy center. Though participants were recruited directly from advocacy groups, which could lead to sample bias, only 36% of participants reported being involved with parent advocacy groups at the time of the evaluation. This suggests not all participants were involved with parent advocacy, or if they were, did not make this decision until after private psychoeducational evaluations were completed. In addition, parents were not asked to describe their level of involvement with parent advocacy, it is possible that participants had varying levels of involvement with advocacy.

This study utilized a snowball technique to reach as many participants as possible. An outcome of this is there is no way to know how participants became aware of the study. As the survey could be sent to individuals by others or shared on social media, this researcher is unable to provide analyses on the sample other than the demographics

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described which may negatively impact generalizability to others. It is believed the survey was forwarded to other groups as intended as there would be groups of respondents from the same state at a similar time, indicating not all participants came from one national based parent advocacy group.

Another limitation is related to the survey itself. A question related to what occurred following private psychoeducational evaluation was not analyzed for results as participant responses were not logical or consistent. For example, a parent may have indicated the child qualified for special education and changes were made to the IEP; however, these two events could not occur at the same time following evaluation review. It was determined the wording of this item and ability to choose multiple options made the question invalid and analyses were not completed. The survey also has general limits as only 36 questions were asked including five narrative questions. Participants were not asked about reasons for decisions, level of involvement in parent advocacy, or their relationship pre-private psychoeducational evaluations. In addition, parents identified school refusal to conduct a psychological evaluation and the school not meeting the needs of the child as reasons they sought private psychoeducational evaluation. The survey did not include further items relating to these concepts.

Another limitation of this study is it focused on IDEA and special education. Parent responses to narrative questions referred to 504 plans and accommodations on occasion. This researcher failed to consider private psychoeducational evaluation utilized as part of Section 504 of the Rehabilitation Act which can provide accommodations to students identified with having a disability but not in need of special education services.

Future Research

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This study is the first to begin to evaluate why parents seek private psychoeducational evaluation. This study only included participants who had already sought private psychoeducational evaluation. Further study is needed to examine if parent characteristics, child characteristics, and reported satisfaction, trust, and level of conflict are different between parents who have sought private psychoeducational evaluation and those who have not.

In addition, parents identified school refusal and school not meeting child needs as reasons they sought private psychoeducational evaluation. Future research should examine school perception of reasons for not completing assessments such as being not warranted or not qualifying for services. It is possible parents believed the school was not providing needed intervention, when in fact the school documented the child did not need services.

This study found when parents reported more occurrences of conflict they had significantly less satisfaction and less trust with the school than those parents who reported no conflict. When previous evaluations had been completed, parents reported less trust and more conflict. If parents were dissatisfied with previous evaluations, they reported less total satisfaction. Further evaluation is needed to determine if frequency of conflict is different between those parents who have sought private psychoeducational evaluation and those who have not. Studies could also be done to determine if there are differences between parent satisfaction with school evaluations and those parents who have and have not chosen to seek private psychoeducational evaluation.

In addition, research could be completed using information from professionals who perform private psychoeducational evaluation. This could include reasons they believe

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parents seek evaluations, private evaluator credentials and assessment process, as well as their belief of post private psychological evaluation parent-school relationship dynamics.

Finally, as there were limits to current researchers' ability to examine the outcome following private psychoeducational evaluation, additional study is needed to further evaluate the outcome of private psychoeducational evaluations, as well as additional study on the parent-school relationship following private psychoeducational evaluation.

Implications

Findings from this study offer some insight into reasons parents seek private psychoeducational evaluations. It suggests low parent satisfaction, low trust, and high conflict are all factors related to seeking private psychoeducational evaluation. Schools should consider this information to identify areas of needed improvement in their role of the parent-school relationship. Nearly 90% of parents indicated being dissatisfied with and not trusting the special education process. The school could engage in behaviors to improve satisfaction and trust with the parent, which may in turn decrease the frequency of parents seeking private psychoeducational evaluation.

Parents also overwhelmingly indicated they believed private psychoeducational evaluation would be of better quality. One parent stated "The best outcome for any parent is to seek outside evaluations. They are unbiased opinions and aware of the disabilities impact the child." This suggests a belief that school personnel, specifically school psychologists who complete evaluations, are not as qualified as private evaluators. This is unlikely given the educational training of school psychologists, and perhaps further education or sharing of a school psychologists training and areas of expertise would improve the parent-school relationship. Parents also indicated belief a school evaluation

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would be biased. This could be addressed with additional education as well, or perhaps if the trend to seek private psychoeducational evaluation continues, with school's using school psychologists as consultants rather than being employees of the school. This would decrease chance of bias by school psychologists being able to focus solely on the individual child versus the school's best interests.

Parents frequently identified the school not meeting their child's needs or feeling the school focuses on what is best for them not best for the child. This included parent feeling the school did not acknowledge deficits, school refusal to evaluate, and school lack of knowledge on appropriate interventions. Schools could address these concerns by monitoring their following of IDEA regulations, completing evaluations when requested by parent, and staying current with interventions and best practices.

Summary

This was an exploratory study that sought to identify why parents seek private psychoeducational evaluation. In addition, it began to explore impact on the parent-school relationship following private psychoeducational evaluation. A national sample of 139 participants answered both survey and narrative questions including items related to demographic information, parent characteristics, child characteristics, satisfaction, trust, conflict, and outcomes following private psychoeducational evaluation. Results overwhelmingly indicated parents believe private psychoeducational evaluations are of better quality and that school evaluations are biased. Narrative responses indicated parents also seek private psychoeducational evaluation due to school refusal. The majority of parents reported low satisfaction and trust with both the special education process and school personnel. In additional narrative responses, parents reported the

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school not meeting their child's needs as the primary factor for low satisfaction, low trust, and greater conflict.

Exploratory analyses were completed to evaluate if parent and child characteristics relate to total satisfaction, total trust, and level of conflict. Finding demonstrated that satisfaction is related to level of conflict, the child having academic difficulties, and parent satisfaction with previous evaluations. Trust was related to the child having had previous evaluations completed, parent satisfactions with said evaluations, and level of conflict experienced. Conflict was found to be higher when parents were involved with parent advocacy, had experience with special education, the child had evaluations completed previously, the child had behavioral or social concerns, and when the child was in higher grade levels.

Following private psychoeducational evaluation, over half of participants reported the school was resistant to private psychoeducational evaluation results. In addition, when two schools were approached to participate in data collection they declined, stating "tenuous relationships" with parents that have sought private psychoeducational evaluation. Nearly half of participants reported no change to the parent-school relationship following private psychoeducational evaluation, however this did not evaluate the relationship pre-private psychoeducational evaluation.

Overall, findings suggest that parents who seek private psychoeducational evaluation for their children believe private psychoeducational evaluations are of better quality, school evaluations are biased, they have low satisfaction and low trust in the special education process and in school personnel, and further indicate school refusal and

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the school not meeting child needs impact their decision to seek private psychoeducational evaluation.

Schools and school psychologists need to be aware of these findings to address the parents concerns. If parents are seeking private psychoeducational evaluations at a high rate, data should be gathered in the school to evaluate why parents are seeking these evaluations. Schools should monitor their following of IDEA requirements, engage in positive relationship building strategies to improve communication, satisfaction, and trust, as well as work to decrease conflict.

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Table 1

Number of Participants by State

State	Number of participants
AL	2
AR	1
AZ	3
CA	10
CO	8
CT	4
DC	1
FL	7
GA	1
HI	1
IA	2
IL	3
IN	2
KY	2
MA	9
ME	1
MD	9
MO	6
MS	1
NC	7
NH	1
NJ	6
NY	7
OH	1
OK	1
OR	12
PA	3
SC	3
TX	3
VA	14
WA	4
WI	3
WV	1

n = 139

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Table 2

Relationship to Child

Relationship	Number of participants (%)
Biological parent	127 (91.4)
Stepparent	1 (0.7)
Grandparent	1 (0.7)
Adoptive parent	10 (7.2)

n = 139

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Table 3

Area of Residence

Type of area	Number of participants (%)
Rural	21 (15.1)
Suburban	102 (73.4)
Urban	16 (11.5)

n = 139

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Table 4

Age of Child at Time of Private psychoeducational evaluation

Age	Number of participants (%)
5	10 (7.2)
6	9 (6.5)
7	26 (18.7)
8	25 (18.0)
9	16 (11.5)
10	12 (8.6)
11	10 (7.2)
12	8 (5.8)
13	8 (5.8)
14	8 (5.8)
15	4 (2.9)
16	1 (0.7)
17	2 (1.4)

$n = 139, M = 9.22$

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Table 5

Grade of Child at Time of Private psychoeducational evaluation

Age	Number of participants (%)
K	12 (8.6)
1	20 (14.4)
2	23 (16.5)
3	19 (13.7)
4	18 (12.9)
5	10 (7.2)
6	11 (7.9)
7	9 (6.5)
8	6 (4.3)
9	5 (3.6)
10	4 (2.9)
11	2 (1.4)

$n = 139, M = 3.81, SD = 2.79$

WHY PARENTS SEEK PRIVATE PSYCHOEDUCATIONAL EVALUATIONS

Table 6

Type of School

School	Number of participants (%)
Public Regular Education	117 (84.2)
Public Alternative Education	9 (6.5)
Private	10 (7.2)
Home-School	3 (2.2)

n = 139

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Table 7

Parent Responses Related to Satisfaction

Question	N	M (SD)	Very Dissatisfied n (%)	Dissatisfied n (%)	Satisfied n (%)	Very Satisfied n (%)	Not Applicable n (%)
Satisfaction with special education process	137	1.62 (0.76)	73 (53.3)	45 (32.8)	17 (12.4)	2 (1.5)	
Satisfaction with administration	138	1.89 (0.92)	59 (42.8)	42 (30.4)	30 (21.7)	7 (5.1)	
Satisfaction with teachers	138	2.25 (0.93)	33 (23.9)	51 (37.0)	41 (29.7)	13 (9.4)	
Satisfaction with previous evaluation	139	2.88 (1.62)	33 (23.7)	45(32.4)	13 (9.4)	2 (1.4)	46 (33.1)

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Table 8

Parent Responses Related to Trust

Question	N	M (SD)	Did Not Trust n (%)	Some Mistrust n (%)	Trusted n (%)	Trusted Completely n (%)
Trust special education process	139	1.57 (0.74)	78 (56.1)	46 (33.1)	12 (8.6)	3 (2.2)
Trust school employees	137	1.74 (0.81)	64 (46.7)	47 (34.3)	23 (16.8)	3 (2.2)

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Table 9

Parent Reported Level of Conflict with School

Question	No Conflict	1-2 Occasions	3-5 Occasions	Over 5 Occasions
	n (%)	n (%)	n (%)	n (%)
Level of conflict	53 (38.1)	37 (26.6)	23 (16.5)	26 (18.7)

$n = 139$ $M = 2.16$, $SD = 1.13$

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Table 10

Comparison of Level of Conflict on Total Satisfaction and Total Trust

Factor	<i>n</i> Mean (and Standard Deviation)				ANOVA	Post Hoc Comparisons					
	No Conflict	1-2 Conflicts	3-5 Conflicts	Over 5 Conflicts	F <i>P</i>	No conflict vs. 1-2	No conflict vs. 3-5	No conflict vs. Over 5	1-2 vs. 3-5	1-2 vs. Over 5	3-5 vs. Over 5
Total Satisfaction	52 6.38 (2.23)	36 5.72 (2.24)	23 5.43 (1.83)	26 4.92 (1.67)	3.17 .027*	.457	.265	.020*	.954	.443	.825
Total Trust	51 3.67 (1.47)	37 3.46 (1.46)	23 3.26 (1.36)	26 2.46 (0.76)	4.83 .000**	.913	.654	.000**	.950	.005*	.078

Note: Total Satisfaction analyses using ANOVA and Tukey HSD; Total Trust analyses using Welch's ANOVA and Games-Howell due to significant Levene Statistic ($p = .012$)

* $p < .05$. ** $p < .001$.

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Table 11

Comparison of Experience with Special Education on Level of Conflict

Factor	<i>N</i> Mean (and Standard Deviation)				<u>ANOVA</u>	<u>Post Hoc Comparisons</u>					
	No Experience	Little Experience	Moderate Experience	Substantial Experience	F <i>P</i>	No experience vs. Little experience	No experience vs. Moderate experience	No experience vs. Substantial experience	Little experience vs. Moderate experience	Little experience vs. Substantial experience	Moderate experience vs. Substantial experience
Level of Conflict	46 1.57 (0.86)	33 2.30 (1.26)	31 2.48 (1.15)	29 2.59 (0.98)	7.59 .000**	.026*	.002*	.000**	.932	.755	.982

Note: Analyses using Welch's ANOVA and Games-Howell due to significant Levene Statistic ($p = .001$)

* $p < .05$. ** $p < .001$.

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Table 12

Parent Involved with Parent Advocacy

Question	No n (%)	Yes n (%)
Parent involved with parent advocacy at time of evaluation	89 (64.0)	50 (36.0)

N = 139

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Table 13

Comparison of Parent Satisfaction with Previous Evaluations on Total Satisfaction and Total Trust

Factor	N Mean (and Standard Deviation)				ANOVA	Post Hoc Comparisons					
	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	F P	Very dissatisfied vs. Dissatisfied	Very dissatisfied vs. Satisfied	Very dissatisfied vs. Very satisfied	Dissatisfied vs. Satisfied	Dissatisfied vs. Very Satisfied	Satisfied Vs. Very satisfied
Total Satisfaction	33 4.27 (1.81)	45 5.93 (1.81)	13 6.77 (2.05)	2 5.50 (3.54)	7.12 .000**	.003*	.001*	.910	.656	.998	.913
Total Trust	33 2.33 (0.78)	44 3.16 (1.18)	13 4.31 (1.18)	2 4.5 (0.71)	9.87 .002*	.004*	.000**	.269	.042*	.429	.996

Note: Total Satisfaction analyses using ANOVA and Tukey HSD; Total Trust analyses using Welch's ANOVA and Games-Howell due to significant Levene Statistic ($p = .009$)

* $p < .05$. ** $p < .001$.

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Table 14

Comparison of Grade of Child on Level of Conflict

Factor	<i>n</i> Mean (and Standard Deviation)				<u>ANOVA</u>	<u>Post Hoc Comparisons</u>					
	Primary	Intermediate	Middle	High	F P	Primary vs. Intermediate	Primary vs. Middle	Primary vs. High	Intermediate vs. Middle	Intermediate vs. High	Middle vs. High
Level of Conflict	55 1.93 (1.09)	47 1.94 (1.05)	26 2.62 (1.10)	11 3.18 (0.98)	6.48 .000**	1.00	.038*	.003*	.050*	.004*	.457

Note: Analyses using ANOVA and Tukey HSD

* $p < .05$. ** $p < .001$.

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Table 15

Parent Reported School Reception to Private psychoeducational evaluation

Question	Very Unreceptive n (%)	Unreceptive n (%)	Receptive n (%)	Very Receptive n (%)
Perceived school reception to private psychoeducational evaluation	18 (13.3)	41 (30.4)	53 (39.3)	23 (17.0)

n = 135

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Table 16

Parent Reported Impact on Parent-School Relationship

Question	Very Negative Change n (%)	Negative Change n (%)	No Change n (%)	Positive Change n (%)	Very Positive Change n (%)
Extent parent-school relationship altered by seeking private psychoeducational evaluation	17 (12.5)	27 (19.9)	61 (44.9)	25 (18.4)	6 (4.4)

n = 136

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Appendix AParent Questionnaire

This survey is for Parents/Guardians that have had a private psychoeducational evaluation completed for their child within the last five (5) years. It asks questions related to background information on your child and family. Additional items ask for you to rate your satisfaction, trust, level of conflict, and overall experience with the special education process.

A private psychoeducational evaluation is defined as an evaluation completed by a private provider (outside of the school system) that included at least a cognitive assessment. Please answer items as related to the FIRST time a private psychoeducational evaluation was completed for your child. For example: age of child at time of FIRST private psychoeducational evaluation. If you have had private psychoeducational evaluations completed on more than one child you may complete the survey a second time.

By completing the following survey you are providing consent for your responses to be utilized as part of a research project. All responses are anonymous and will not be shared with any agency or school involved.

1. Your relationship to child:

Biological parent	Step-parent	Guardian	Foster parent
Grandparent	Adoptive parent		
2. Number of people in the household: _____
3. Household Annual Income:

less than 20,000	20,000-39,999	40,000-59,999	60,000-79,999
80,000-99,999	100,000-119,999	over 120,000	
4. Your level of education:

Did not finish high school	high school	some college	college degree
graduate degree or higher			
5. In which state did you live at time of evaluation: _____
6. What type of school did your child attend at time of evaluation?

Public-regular education	Public-alternative education
Private School	Home-schooled
7. Was the school in a rural, suburban, or urban area?

Rural	Suburban	Urban
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8. In what area(s) was your child having difficulty? Circle all that apply

Reading	Writing	Math	
Behavior	Social Interaction	Attention	
Other _____			
9. Child's gender:

Male	Female
------	--------
10. Child's age at time of evaluation: _____
11. Child's grade at time of evaluation: _____
12. Child's diagnosis provided by private evaluator: _____
13. Cost of private psychoeducational evaluation: _____

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14. How was the private psychoeducational evaluation paid for?
 Personal expense Insurance
15. In your own words describe why you sought private psychoeducational evaluation
 (narrative box)
16. At the time of private psychoeducational evaluation, had you been involved in any parent
 advocacy or support groups for children with special needs?
 Yes No
17. At the time of private psychoeducational evaluation, had you had any previous
 experience with special education?
 No experience Little experience
 moderate experience substantial experience
18. At the time of private psychoeducational evaluation, did you know the school could
 complete formal evaluations?
 Yes No
19. At the time of private psychoeducational evaluation, had your child been evaluated
 previously by the public school system?
 Yes No
20. At the time of private psychoeducational evaluation, did you think the school could
 complete an unbiased evaluation?
 Yes No
21. At the time of private psychoeducational evaluation, did you believe a private
 psychoeducational evaluation would be of better quality than a school completed
 evaluation?
 Yes No
22. If your child had previous evaluations completed by the public school system, how
 satisfied were you with those former evaluations?
 Very Dissatisfied Dissatisfied Satisfied Very Satisfied
 not applicable
23. At the time of private psychoeducational evaluation, how satisfied were you with the
 school administrators (principals) at the school your child attended?
 Very Dissatisfied Dissatisfied Satisfied Very Satisfied
24. At the time of private psychoeducational evaluation, how satisfied were you with the
 special education process?
 Very Dissatisfied Dissatisfied Satisfied Very Satisfied
25. At the time of private psychoeducational evaluation, how satisfied were you with the
 teachers at the school your child attended?
 Very Dissatisfied Dissatisfied Satisfied Very Satisfied
26. In your own words, describe your satisfaction with the school. Please share any specific
 positives or negatives that you wish. (narrative box)
27. At the time of private psychoeducational evaluation, to what extent did you trust the
 special education process?
 Did Not Trust Some Mistrust Trusted Trusted Completely
28. At the time of private psychoeducational evaluation, to what extent did you trust the
 school employees involved in special education evaluation?

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- Did Not Trust Some Mistrust Trusted Trusted Completely
29. In your own words, describe your trust toward the school. Please share any specific positives or negatives. (narrative box)
30. At the time of private psychoeducational evaluation, had you had previous conflict at any time with the school system regarding your child's education?
 No Conflict 1-2 Occasions 3-5 Occasions More than 5 occasions
31. In your own words, describe any conflicts you have had with the school. (narrative box)
32. How satisfied were you with the private psychoeducational evaluation you received?
 Very Dissatisfied Dissatisfied Satisfied Very Satisfied
33. To what extent do you believe the school was receptive to the private psychoeducational evaluation results?
 Very unreceptive Unreceptive Receptive Very Receptive
34. Following private psychoeducational evaluation, what occurred at the school level?
 Check all that apply
 Did not share results with school
 School used results to qualify child for special education
 Additional assessments were required by school
 Changes were made to IEP (Individualized Education Plan)
 Changes were made to disability classification
 No changes were made
 Did not qualify for special education services
35. To what extent do you believe the parent-school relationship was altered by seeking private psychoeducational evaluation?
 Very negative change Negative change No Change Positive change
 Very positive change
36. In your own words, describe your thoughts in regard to the private psychoeducational evaluation and how the school received it.

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Appendix BTalking Points for Agency/School Recruitment

1. Researcher credentials and work history
2. Purpose of study
3. Approval of Human Subjects and IRB
4. Role of agency
 - a. For school districts: identify parents that have provided private psychoeducational evaluations and forward an email from researcher.
 - b. For parent advocacy centers: forward an email from researcher to all members and link to survey on website.
5. Expectations of participants
6. Survey items
7. Research questions
8. How results could support their school/agency

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Appendix CLetter to Participants from Advocacy Group

Dear Parent/Guardian:

Hello! My name is Erin Jerome. I am a doctoral candidate with Alfred University and certified school psychologist. I am looking for participants for a research project that examines why parents seek private psychoeducational evaluations for their children. As a school psychologist for 7 years, I often met with parents that had chosen to pay for an evaluation rather than have the school complete the evaluation at no charge. At this time there has been no research on why a parent would make this decision. Therefore, this is your opportunity to share your experiences, and viewpoints in order to inform the educational field. This could benefit the special education process by increasing understanding of school personnel of parents' experience as well as potentially improve the training of new school psychologists.

If you had a private psychoeducational evaluation for your child completed in the last five (5) years, you are eligible to participate. This study defines a private psychoeducational evaluation as one completed outside of the school and includes at least an intelligence test.

This research project consists of a survey that will take you approximately 15-20 minutes to complete. The survey consists of items related to background information on you and your child, as well as ratings regarding your interactions with the school system. No personal risks are expected for participants while completing the survey, but it is possible you may feel some emotional discomfort while considering survey items. Your decision to participate is voluntary and you are free to discontinue your participation at any time by exiting the survey without consequence. All of your responses are anonymous, and your name is not included in any portion of the survey and has not been shared with researcher. All survey responses will be maintained on a password protected computer with access available only to researcher. All responses will be kept confidential and private.

To complete the survey please follow the attached link: <https://www.surveymonkey.com/r/WGFTS7Z>

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If you have any questions, or would like research results shared with you, please contact me at ebj1@alfred.edu. If you have any questions now, or later, related to the integrity of the research you are encouraged to contact my faculty advisor, Dr. Lynn O'Connell at oconnelm@alfred.edu; or Dr. Danielle Gagne, Chair of the Alfred University Human Subjects Research Committee at hsrc@alfred.edu.

In addition, if you know any other parents that have sought private psychoeducational evaluation you may choose to forward this email with survey link to them for participation. Thank you for your time and support!

Sincerely,
Erin Jerome MA CAS
Doctoral Candidate

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Biographical Sketch

Erin B. Jerome**Education**

- Doctor of Psychology*** Alfred University, Alfred, New York, 2019.
Major: School Psychology
- Certificate Of Study*** McDaniel College, Westminster, Maryland 2011.
Major: Administrator I Certification/Supervisor Endorsement course work
- Certificate Of Advanced Studies*** Alfred University, Alfred, New York, 2006.
Major: School Psychology
- Master of Arts*** Alfred University, Alfred, New York, 2005.
Major: School Psychology
- Bachelor of Science*** University of Texas, Austin, Texas, 2002.
Major: Psychology, Minor: History
- Associate of Science*** Tompkins Cortland Community College, Dryden, New York, 2000.
Major: Social Science
- Honors*** Psi Chi, Alfred University
Deans List, four semesters, University of Texas.
Deans List, three semesters, Tompkins Cortland Community College.

Relevant Experience

- Clinical Therapist*** Steuben County Mental Health Services, New York. 02/2015-current
Provide mental health services to children, adolescents, and adults utilizing individual and family counseling for a case load of 80 clients. Duties include initial evaluation, diagnosis and admission, treatment planning, progress monitoring, crisis intervention and safety planning, as well as regular consultation and agency professional development.
- Doctoral Intern*** Steuben County Mental Health Services, New York. 07/2013-06/2014
Provided mental health counseling services to children, adolescents, and adults utilizing individual and family counseling. Duties also included diagnosis, treatment planning, and consultation.

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- Certified School Psychologist*** Cecil County Public Schools, Maryland. 08/2006-06/2012
 Provided services to three-four schools per year. Served five elementary, two middle, and one high school. Duties included psychological assessment, consultation, counseling, supervision of Behavior Specialists, as well as participation in IEP and SST meetings. Duties further included county wide professional development, early admission to kindergarten assessment, and co-leadership of the county crisis response team.
- Intern*** Harford County Public Schools, Maryland. 08/2005-06/2006.
 Duties included assessment, counseling, consultation, indirect services, participating in IEP and SST meetings, as well as being the long-term school psychologist substitute for supervisor during two months extended leave in two elementary schools. Duties also included individual counseling in a high school.
- Advanced Practicum*** St. James Mercy Hospital, Hornell New York, 01/2013-05/2014
 Adolescent Psychiatric Unit. Duties included intake assessment, treatment planning, crisis stabilization, family meetings, and discharge planning.
- Graduate Clinician*** Alfred University Child and Family Services Center, 08/2005-05/2005.
 Duties included providing individual child and family counseling services, conducting psycho-educational assessments, consulting with related professionals regarding procedure and diagnoses.
- ACCESS Clinician*** Letchworth Central School, Letchworth New York, 09/2004-06/2005.
 Duties included providing individual child and parent counseling services to rural families, consulting with related professionals regarding procedure and diagnoses.
- Teaching Assistant*** Psy 516 Norm-Referenced Tests and Psy 611 Social-Emotional Functioning, 08/2004-05/2005
 Duties included teaching administration and scoring of cognitive, achievement, and social emotional tests to first year graduate students, grading scored protocols, and observing administration of said tests.
- School Psychology Extern*** Alfred Montessori, Andover Central School, and Avoca Central School, Alfred, Andover, and Avoca New York, 09/2003-05/2004
 Spent one to two semesters in each location. Duties included classroom observation, consultation, psychological and educational assessment, implementing academic interventions, and led social skills groups.